DOCUMENT RESUME

ED 356 852 PS 020 820

AUTHOR	Sachar, Sally F.; And Others
TITLE	From Homes to Classrooms to Workrooms: State Initiatives to Meet the Needs of the Changing American Family.
INSTITUTION	National Governors' Association, Washington, D.C.
REPORT NO	ISBN-1-55877-160-3
PUB DATE	92
NOTE	135p.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Day Care; Early Childhood Education; Employment Practices; *Family Programs; Government Employees; Labor Education; Literacy Education; *Parent Education; Personnel Policy; Program Descriptions; *Public Policy; Public Relations; *State Programs; Welfare Services
IDENTIFIERS	*Family Preservation Services; State Role; *Workplace Literacy

ABSTRACT

As chair of the National Governors' Association Committee on Human Resources, Governor John R. McKernan, Jr., launched the initiative "From Classrooms to Workrooms: Meeting the Needs of the Changing American Family" in the summer of 1991 to examine the evolving role of the American family in society. This publication details programs that governors and states are using to support children and parents in their homes, in the schools, and in the workplace. Chapter 1 covers dependent care initiatives, including work with businesses to establish pro-family policies, direct state provision of care services, and resource and referral systems. Chapter 2 highlights parent education and family support programs, including family support centers, skill training in parent-to-parent and parent-to-child communication, and support groups. Chapter 3 concentrates on school-based programs that provide comprehensive health and human services to students and their families. Chapter 4 focuses on state-level efforts to restructure family services through such strategies as the consolidation of services and policymaking and the restructuring of state welfare systems. Chapter 5 covers family preservation programs, including short-term, intensive counseling; skills training; and support to families whose children are at risk of placement outside of the home. In chapter 6, five workplace education programs are described. Chapter 7 looks at the strategies used by seven states to create family-supportive workplaces for state employees. Chapter 8 considers public awareness initiatives used by states to encourage the development of new public-private partnerships to meet family needs. Information on state family and medical leave laws, and a chart showing state practices that support the families of state employees, are appended. (AC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED356852

U.S. DEPARTMENT OF EDUCATION

[illegible]

FROM HOMES TO CLASSROOMS TO WORKROOMS

State Initiatives to Meet the Needs of the Changing American Family

PS 021020

PERMISSION TO REPRODUCE THIS
MATERIAL IN MICROFICHE ONLY
HAS BEEN GRANTED BY

R.Y. Bond

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

National Governors' Association

BEST COPY AVAILABLE

FROM HOMES TO CLASSROOMS TO WORKROOMS

State Initiatives to Meet the Needs of the Changing American Family

by Sally J. Sachar with
Anne Heller, Margaret H. Hill,
and Patricia F. Sullivan

Committee on Human Resources
National Governors' Association

Since their initial meeting in 1908 to discuss interstate water problems, the Governors have worked together through the National Governors' Association to deal collectively with issues of public policy and governance. The association's ongoing mission is to support the work of the Governors by providing a bipartisan forum, to help shape and implement national policy, and to solve state problems. The members of the National Governors' Association are the Governors of the fifty states, the commonwealths of the Northern Mariana Islands and Puerto Rico, and the territories of American Samoa, Guam, and the Virgin Islands.

Through NGA's committees, including a nine-member Executive Committee, the Governors examine and develop policy and provide a forum for Governors to address key issues. Special task forces are often created to focus gubernatorial attention on federal legislation or on state-level program initiatives.

Cover design: Kat Yakaitis

Photo: Harry Connolly

ISBN 1-55877-160-3

© 1992 by the National Governors' Association

444 North Capitol Street
Washington, D.C. 20001-1572

Printed in the United States of America.

Contents

Foreword vii
Acknowledgements ix
Executive Summary xi

DEPENDENT CARE INITIATIVES 1

Introduction 1
Illinois 2
  Child Care and Development Section 2
  Child Care Facilities Development Program 2
  Child Care Resource and Referral System 3
Iowa 4
  Child Care Resource and Referral System 4
Louisiana 4
  Child Care Assistance Program 4
Maine 5
  Incentives and Services to Businesses 5
Massachusetts 5
  Income-Eligible Voucher-Certificate Program 5
New Hampshire 6
  Comprehensive Child Care Program 6
New York 7
  Business Leadership Breakfasts 7
  C.H.O.I.C.E.S. 7
  Child Care Resource and Referral System 8
  Work and Family Resource Center 8
North Carolina 9
  Uplift Day Care Program 9
Oregon 10
  Child Care Resource and Referral System 10
  Employer Tax Credits for Dependent Care 10
Pennsylvania 11
  Local Management Agency System 11
  Neighborhood Assistance Program 11
Texas 12
  Child Care Management Services 12
  Work and Family Clearinghouse 13

PARENT EDUCATION AND FAMILY SUPPORT PROGRAMS 15

Introduction 15
Colorado 16
  Family Centers 16
Connecticut 16
  Family Education and Support Centers 16
Delaware 17
  Delaware Community Clusters Against Substance Abuse 17
  Great Beginnings 18

Hawaii 19
    The Family Center 19
    Family Literacy Demonstration Projects 19
    Family Literacy Fund 20
Illinois 20
    Family Literacy Grants 20
Kentucky 21
    Parent and Child Education Program 21
Maine 22
    Head Start Collaboration Project 22
    Project Advance 23
Maryland 23
    Family Support Centers 23
Minnesota 24
    Early Childhood Family Education Program 24
Missouri 25
    Parents as Teachers 25
Pennsylvania 26
    A Bright Beginning 26
South Carolina 26
    Target 2000: Parent Education 26

SCHOOL-BASED SERVICES 29

Introduction 29
Arkansas 30
    School-Based Health Clinics 30
Hawaii 30
    A+ After-School Program 30
Kentucky 31
    Family Resource Centers and Youth Service Centers 31
    Kentucky Integrated Delivery System 31
Michigan 32
    Teen Health Centers 32
Missouri 33
    Caring Communities 33
New Hampshire 33
    Child Care for School-Age Children 33
New Jersey 34
    School-Based Youth Services Program 34
Tennessee 35
    Twenty-First Century Challenge Plan 35

STATE-LEVEL RESTRUCTURING 37

Introduction 37
Alaska 39
    Family-Centered Services 39
California 39
    Office of Child Development and Education 39
Colorado 40
    Strategic Plan for Colorado Families and Children 40

Georgia 41
The Family Connection 41
Idaho 42
Family-Centered Services 42
Indiana 43
Step Ahead 43
Iowa 44
Child Welfare Decategorization Project 44
Maine 45
Interdepartmental Council 45
Maryland 45
Governor's Office for Children, Youth, and Families 45
Minnesota 47
Action for Children Commission 47
Children's Cabinet 48
New Mexico 48
Task Force on Children and Family 48
North Dakota 49
Children's Services Coordinating Committee 49
Oregon 49
Coordinating Council for Children and Families 49
Oregon Community Children and Youth Services Commission 50
Puerto Rico 50
Office for Child Services and Community Development 50
Tennessee 51
Children's Plan 51
Virginia 52
Council on Community Services for Youth and Families 52
Washington 53
Family Policy Initiative 53

FAMILY PRESERVATION PROGRAMS 55

Introduction 55
Alabama 57
Family Options 57
Iowa 58
Family Preservation Program 58
Kentucky 58
Family Preservation Program 58
Maryland 60
Families Now 60
Michigan 61
Families First 61
Missouri 61
Family Preservation Services 61
North Carolina 63
Family Preservation Services Program 63
Pennsylvania 64
Family Preservation Services Program 64

Tennessee 64
    Home Ties 64

WORKPLACE EDUCATION PROGRAMS 67

Introduction 67
Arkansas 68
    Workplace Education Program 68
Illinois 68
    Workplace Literacy Grants 68
Indiana 69
    Training 2000 69
North Carolina 70
    Workplace Basic Skills Program 70
Wisconsin 70
    Workplace Partnership Training Program 70

STATE AS EMPLOYER PRACTICES 73

Introduction 73
Overall State Policies 75
    California 75
    Massachusetts 76
    Nebraska 77
    New Hampshire 78
    New York 79
    Vermont 81
    Washington 82
Single Initiatives 84
    Idaho 84
    Indiana 84
    Ohio 85
    South Dakota 86

PUBLIC AWARENESS INITIATIVES 87

Introduction 87
Colorado 88
    Decade of the Child 88
Hawaii 88
    Year of the Family 88
North Carolina 89
    Early Intervention Month for Children with Special Needs 89
Virginia 90
    Decade of Youth and Families 90
    Governor's Award for Volunteering Excellence 90

Bibliography 93

Appendix A: State-Enacted Family and Medical Leave Laws 97

Appendix B: State as Employer Practices to Support Families 107

Foreword

As chair of the National Governors' Association Committee on Human Resources, I launched the initiative "From Classrooms to Workrooms: Meeting the Needs of the Changing American Family" in the summer of 1991 to examine the evolving role of the American family in our society. This project grew out of my belief that strong, nurturing families are the foundation of a productive society.

As policymakers and employers, Governors have a unique opportunity to provide leadership not only by developing and implementing family-supportive policies and programs in state government, but also by encouraging such activity in the private sector.

Families of all sizes and income levels in our society face tremendous challenges and stress. There are more mothers with young children in the workforce and more single-parent households. In many families both parents must work to maintain the standard of living that one wage earner could have provided a generation ago. Increased competition in business compounds the difficulty of balancing the often conflicting responsibilities of work and family. Simultaneously, many families are confronting the scourge of poverty, substance abuse, AIDS, and other pressures that test their limits daily.

Fortunately, as *From Homes to Classrooms to Workrooms: State Initiatives to Meet the Needs of the Changing American Family* demonstrates, many states have pioneered innovative programs and policies that address the challenges confronting families. This publication details many of the programs Governors have initiated to support children and parents in their homes, in the schools, and in the workplace.

Governors, working with the private sector, must ensure that families have the support they need to be productive and self-sufficient, and to provide nurturing care to their children. The American family, the foundation of our society, deserves no less.

Governor John R. McKernan Jr.
Chair, Committee on Human Resources

Acknowledgements

The team from the National Governors' Association who authored this report was led by Sally J. Sachar. Anne Heller, Margaret H. Hill, and Patricia F. Sullivan contributed significantly to the effort.

The team owes thanks to numerous individuals and organizations. Many staff in Governors' offices and in state agencies were exceedingly generous with their time in completing Governor McKernan's initial survey and in further describing the initiatives over the telephone. Without their continuous cooperation over the past several months, the profiles never could have been written. Thanks also are owed to the Annie E. Casey Foundation for supporting Anne Heller's invaluable work on family preservation programs while a fellow at NGA; to the Center for the Study of Social Policy for information on family preservation; to the Women's Legal Defense Fund for permission to use its information on state-enacted family and medical leave laws; and to the Families and Work Institute for permission to reprint their chart on state as employer practices and for sharing information on family-supportive policies. The team sincerely appreciates the guidance provided by Lisa Lacasse, director of Maine's Washington office and Jane Sheehan, acting commissioner of the Maine Department of Human Services. Thanks also are owed to Barbara Dyer, deputy executive director of the Council of Governors' Policy Advisors, for her input into the policy that preceded this compendium. Nanine Meiklejohn also must be thanked for her assistance in researching and writing several chapters.

Several other members of the NGA staff made important contributions. Barry Van Lare, deputy executive director, carefully reviewed and commented on the report. Alicia Pelrine, the director of the Human Resources Group, supported the team in numerous ways. Jennifer Fohs, in her characteristically resourceful style, worked with many states to gather information about a number of the programs profiled. Karen Larson, an intern from the University of California at Los Angeles, helped coordinate the state survey responses and wrote a chapter. Jackie Hall patiently carried out several rounds of edits and provided overall production support. In the Office of Public Affairs, Karen Glass provided editorial support, and Gerry Feinstein supervised the report's publication.

The team also wishes to convey gratitude to their families who helped them in maintaining the fragile balance between home and work.

Executive Summary

The success of the nation, states, and local communities, as well as the success of the American people, is drawn from the strength of families. The family unit provides basic health, food, and shelter. It nurtures children, cares for the elderly, passes on cultural norms and values, and begins and later reinforces the process of education. Embodying society's beliefs, the family is the core body through which society's priorities are maintained.

Governors believe that developing family-supportive policies should be a top national priority. Education, economic, health, and human services policies must work together to support families so they can function effectively and productively. And as modern-day pressures have significantly changed the nature of American families, workplaces in both the public and private sectors must be encouraged to help family members cope with their newly defined roles.

This publication describes the strategies that Governors and states are using to support families and children. For example:

- To help meet dependent care needs, states are providing child care directly to predominantly low-income families, offering incentives to businesses to initiate family-supportive policies, providing technical assistance to firms seeking to implement dependent care programs, and enhancing opportunities for employers to learn from one another.
- Through family centers and parent education programs, states are working with communities to offer support and guidance to families as they confront both crises and routine issues of parenting.
- Through school-based programs, states are working with schools to provide comprehensive health and human services to students and their families.
- Recognizing families' multiple and often interrelated needs, states are adopting approaches to serve families holistically. They are establishing single agencies that consolidate services to children and advisory boards that include representatives from a variety of child-serving organizations. And they are restructuring their services to families and children to make them more prevention-oriented and comprehensive.
- States are reforming their children's service systems to preserve and strengthen families. Family preservation programs seek to strengthen and maintain families and, where possible, to prevent out-of-home placement of children.
- By working with companies to provide on-site basic skills instruction, states are expanding opportunities for workers while limiting the financial and time costs to their families of their pursuing education outside the workplace.
- As employers, Governors are recognizing that pro-family personnel policies and practices can help improve state employee productivity and retention rates, as well as address labor shortages in the public workforce. As leaders,

they see state government implementation of such policies and practices as setting a good example that others may follow.

- Through declarations of special months, years, or decades, Governors are honoring and highlighting the exemplary efforts of persons or organizations serving children and families.

In some cases, the initiatives have been accomplished with little or no additional funding, because they involve a restructuring of existing service delivery systems or represent a low-cost, high-yield effort. Other strategies require a substantial commitment of state, federal, business, labor, community, and/or foundation dollars.

State efforts reflect the Governors' recognition of the dramatic impact today's pressures have on the American family.

- As a result of rising divorce rates and an increase in the number of births to unwed mothers, one in every four children is living in a single-parent household.
- Every year more than 1 million teenage girls become pregnant. Many of these mothers never complete high school, do not fare well in the workforce, and are at high risk of becoming dependent on public assistance.
- Young women in the United States below age fifteen are more likely to give birth than are adolescents in any other developed nation.
- The number of families with two parents working outside the home has increased. Many middle-income families need more than one paycheck to maintain a modest standard of living or just to make ends meet.
- For low-income families, as has historically been the case, two incomes are usually essential. And yet, there still is an enormous working poor population. In 1988 4.5 million Americans worked full time but still qualified for some form of public assistance, including Aid to Families with Dependent Children (AFDC), Food Stamps, and Medicaid.
- The fact that both parents are working outside the home creates a significant demand for day care services, the majority of which are provided by non-family members at a financial and emotional cost to the family unit. Many school children between the ages of five and fourteen come home to an empty house and are left to supervise themselves.
- The nation also has witnessed an increasing number of women, especially mothers, join the workforce. Between 1970 and 1988, the number of women in the workforce with children below age five increased by 77 percent.
- An increasing number of individuals in the "sandwich generation" must simultaneously care for both their children and their parents. In 1989 more than half of the women caring for elderly relatives also worked outside of the home; 40 percent of these women also were caring for children.

Given Bureau of Labor Statistics estimates that 60 percent of the new entrants into the workforce will be women between the ages of thirty-five and fifty-four, it is clear that the public and private sectors must accommodate the changing needs of working parents to preserve the health and vitality of the family unit.

Under the chairmanship of Maine Governor John R. McKernan Jr., the National Governors' Association Committee on Human Resources worked to develop a comprehensive policy that articulates the need for states to encourage efforts to strengthen and support the family. In February 1992 the Governors adopted the "From Classrooms to Workrooms" policy.

This policy defines the goals of human resource policy, paints a picture of today's family, discusses the implications for human resource policies, describes the qualities of an effective family-supportive strategy, discusses how schools and employers can change to support children and their parents, outlines gubernatorial opportunities to promote and implement pro-family policies, and suggests a role for the federal government in supporting families.

From Homes to Classrooms to Workrooms: State Initiatives to Meet the Needs of the Changing American Family represents the second phase of the committee's agenda. The first phase was a survey Governor McKernan sent to all Governors in the spring of 1992 asking them to share examples of successful policies, programs, and practices that support families. The state initiatives highlighted in this report are drawn primarily from the survey responses of more than forty states. The initiatives profiled are by no means an exhaustive compilation of state initiatives to support families. Nor are they necessarily a complete portrayal of each state's efforts to enhance family functioning and well-being.

In addition to the initiatives described in the publication, two appendixes offer additional insight on state activity to support families. Appendix A details state-enacted family and medical leave laws. Appendix B provides an overview of how state government as an employer has helped state workers balance work and family responsibilities.

States have displayed enormous ingenuity in reaching out to families. Governors across the nation are launching initiatives in the laboratories of their states to effect change in homes, schools, and workplaces—the arenas with the greatest potential to improve the quality of a family's life.

This guide provides states with the tools to enhance existing programs and/or to initiate new programs in order to achieve the Governors' goal of translating the classrooms to workrooms policy into tangible policies, programs, and practices that support the American family.

1.

Dependent Care Initiatives

Introduction

The workforce of the 1990s is very different than those of past decades. Not only are there more single mothers who are working, but also more two-parent families are sending both parents into the workforce. Many of today's families have obligations to both their children and parents. Children growing up in families with parents who work outside the home need child care services, but parents must contend with issues of cost, quality, and availability. To help families with child care needs, states have responded in a number of ways. Some have been able to modify or expand existing programs, while others have developed entirely new initiatives.

States are using different financing methods—often in combination—to fund their programs. They are accessing a number of federal sources, including the Child Care and Development Block Grant, the Social Services Block Grant, and the Family Support Act. Many are appropriating state dollars or are utilizing tax credits. Still others are working in partnership with the private sector.

State roles vary across the country, though all share the goal of expanding access to child care. States provide child care directly to predominantly low-income families, offer incentives to businesses to initiate family-supportive policies, provide technical assistance to firms seeking to implement programs, and enhance opportunities for firms to learn from one another. They collect, manage, and disseminate information to families and firms. In all cases, they work closely with local communities.

Most state child care initiatives involve the private sector somehow in operation or financing. The involvement of business reflects the recognition that child care is not only a private, family matter, but also it is a bottom-line concern. If businesses are to compete in the future, they must adjust their policies to accommodate the needs of their workforce beyond the corporate walls.

This chapter presents a sampling of the dependent care initiatives underway in the states. It includes initiatives where states are working in concert with businesses to establish pro-family policies and to encourage the provision of other dependent care innovations. This chapter also describes programs in which states are providing dependent care services directly and are assisting families locate and finance care through resource and referral systems. Through the private and public sectors, states are working to increase the accessibility and availability of dependent care for families.

ILLINOIS

The Initiative

Child Care and Development Section

With the passage of the Family Support Act in 1988, the Illinois Department of Public Aid created a Child Care and Development (CCD) section specifically to address the child care needs of current and former recipients of Aid to Families with Dependent Children (AFDC). Recognizing that families receiving AFDC face unique problems concerning child care, such as changes in eligibility when a parent begins working or changes jobs, CCD seeks to ease the transition from public assistance without interrupting child care services.

CCD also works to increase AFDC families' use of services offered through other statewide child care networks such as the child care resource and referral system. During the development phase of any child care policy, CCD ensures that the needs of AFDC families are considered.

To fully understand the child care needs of AFDC families, CCD hired the Institute of Applied Research to survey 7,000 recipients. The department learned that parents have a clear understanding of the characteristics of high-quality care, but that financial and logistical concerns often prevent them from obtaining the care they want. The survey also revealed that families would benefit from more information about their eligibility for Transitional Child Care Assistance, authorized under the Family Support Act. In response, the department developed an information campaign, widely distributing videos, posters, and flyers about available child care programs. CCD works to integrate the funding streams to maintain continuity of care as clients' eligibility for child care programs changes.

Contact

Michele Piel
Manager
Child Care and Development Section
Illinois Department of Public Aid
Phone: (312) 793-3610
Fax: (312) 793-4881

The Initiative

Child Care Facilities Development Program

The partnership between the Illinois Department of Children and Family Services (DCFS) and the Illinois Facilities Fund (IFF), a statewide nonprofit corporation, represents a pioneer effort to increase the number of child care facilities for low-income families in the state.

In Illinois publicly subsidized child care services are delivered through nonprofit child care agencies that own or rent their own facilities. This is because state regulations prohibit Illinois' use of buildings it does not own. However, many child care providers often lack or cannot obtain growth capital for building the facilities needed for new programs.

To solve the regulatory problem and expand the availability of subsidized child care, DCFS has asked the Illinois Facilities Fund to design and finance the construction and expansion of child care facilities throughout Illinois. The department has awarded a $339,000 grant to IFF for program planning and administration.

At a project cost of $13 million to $14 million, to be funded through a bond issuance by the Illinois Development Finance Authority, IFF will develop up to ten child care centers in neighborhoods where the working poor reside. It is expected that six or seven of these will be in Chicago and three or four will be elsewhere in the state. Each center will include space for about 150 children. The bond issue will be secured by an IFF reserve fund collected from foundations. Because the nonprofit corporation, as borrower, is assuming the financial risk, IFF will allow for child care centers to be built in disadvantaged neighborhoods where nonprofit child care agencies need to operate to reach their target families.

To select the child care providers, IFF will issue a request for proposals (RFP). Based on an internal review and the recommendations of a selection panel composed of national child care experts, IFF and the state will select nonprofit agencies with strong management, financial stability, and child care experience. The provider may propose to build a new site, renovate an older facility, or add on to an existing building. When a provider is selected, it will receive funding for the facility, an operating contract from DCFS, and management training in areas such as financial planning, building maintenance, and personnel development. By providing this training, IFF will help ensure the long-term stability of each agency.

The director of the Child Care Facilities Development Program at IFF explains that, "We view this project as a laboratory for the country. Although the core service will be child care, we hope to create model family resource centers with a full range of services available to support families."

Contacts

Carol Rubin
Director
Child Care Facilities Development Program
Illinois Facilities Fund
Phone: (312) 629-0060
Fax: (312) 629-0065

Sue Howell
Office of Child Development
Illinois Department of Children and Family Services
Phone: (217) 524-2480
Fax: (217) 524-0014

The Initiative

Child Care Resource and Referral System

The 1989 Illinois Child Care Summit strongly endorsed the establishment of a statewide child care resource and referral (CCR&R) system as did the Illinois Department of Public Aid's (IDPA) Social Service Advisory Council. American Express funded the design portion of the project, and the United Way of Chicago, through a $3.3 million grant from IDPA, financed the development of the system. The resource and referral system was implemented in July 1989.

Each of the sixteen child care resource and referral agencies in Illinois must offer five core services: a computerized database with detailed information on all legal child care providers in the area; consumer education and referrals for all persons seeking child care; new child care provider recruitment; coordination of training for providers and technical assistance to providers, employers, and others; and collection and analysis of data on child care supply and demand in the area. In addition, each CCR&R informs individuals seeking child care of their potential eligibility for financial assistance, which is administered through the Department of Children and Family Services (DCFS). Eight regional DCFS offices work with two CCR&Rs to coordinate funding needs. A community advisory board makes recommendations to each CCR&R.

Throughout its development, the CCR&R system has embodied a strong private/public partnership. In the design stage, the state oversaw the planning, while private entities such as American Express provided the funding. In the operational stage, public funds support the private CCR&Rs, which compete for contracts from the state.

The system currently operates on an annual budget of $4 million; about 25 percent stems from state funds and 75 percent from the Child Care and Development Block Grant. These funds cover the core services that the CCR&Rs offer, but more resources will be required as the CCR&Rs expand their services. Eventually, each CCR&R will be expected to raise 25 percent of its funding from private sources; state and federal sources will fund the remainder.

The system is heavily utilized. During the first six months of fiscal 1992, the CCR&R system provided services to more than 11,000 families and more than 23,000 hours of training to nearly 7,000 child care providers. The state expects these numbers to increase in the second half of the year. Currently, Illinois is in the design phase of establishing a computer system that will link all child care and child care funding services in the state. That system should be fully operational by fiscal 1994.

Contact

J. Lee Kreader
Statewide Coordinator
Illinois Child Care Resource and Referral System
Phone: (312) 814-5524
Fax: (312) 814-5986

IOWA

The Initiative

Child Care Resource and Referral System

In February 1991 the Iowa Department of Human Services (DHS) formed a large advisory group to help develop the state's application for the Child Care and Development Block Grant. One of the work groups developed a plan for a statewide child care resource and referral (CCR&R) system to serve the child care needs of all Iowa families. Contributors to the plan included child care providers, resource and referral agency staff, and representatives from various state agencies who understood the need for child care services. In December 1991 the department's Advisory Council on Child Care approved the CCR&R plan, and DHS proceeded to work with the resource and referral agencies and local communities to organize and fund the system. Iowa modeled its program after the child care resource and referral network in Illinois and relied upon technical assistance from its eastern neighbor during the early planning and implementation stages. The state planned to commence operation in the summer of 1992.

For the purposes of the resource and referral system, the state is divided into five service delivery areas, each of which is managed by a locally based child care resource and referral lead agency. These agencies received a $10,000 start-up grant in April 1992. Each lead agency subcontracts with child care resource and referral agencies and offers five core services: consumer education and child care referrals for parents; technical assistance, training, and support services for providers; information on the supply of child care providers; information on parental demand for such services; and assistance to employers, communities, and governments to facilitate the expansion of child care services. In designing its system, Iowa planned a program that serves the entire state and meets the needs of parents with different income levels. Prior to the new system, the state was served by sixteen different resource and referral agencies that did not necessarily coordinate their services nor meet the needs of the entire state.

The system will operate with a budget of approximately $1.1 million. About 46 percent of this amount represents federal funds, mostly from the Child Care and Development Block Grant. The remainder is being funded with state dollars. Eventually, however, the five CCR&Rs will match 25 percent of their budgets with private or local public funds.

Contact

Rosemary Norlin
Project Manager
Iowa Child Care Research and Referral System
Phone: (515) 281-5583
Fax: (515) 281-4597

LOUISIANA

The Initiative

Child Care Assistance Program

With the passage of the Child Care and Development Block Grant, Louisiana designed its Child Care Assistance Program (CCAP) and began implementation in February 1992. To meet the growing demand for child care subsidies, the Department of Social Services established seven regional child care assistance offices. Once eligibility for CCAP is determined, these offices issue the family a certificate indicating the amount of the subsidy. Subsidies are determined on a sliding scale based on family size and income. Parents are responsible for the difference between the amount of assistance and the provider's fee. Parents locate the provider of their choice, using a resource and referral agency if they desire. Payments are made directly to the child care provider.

Thus far, the state has issued certificates for about 5,000 children. Each regional office obligated all funds within eight weeks of operations. Waiting lists continue to grow, revealing the unmet need for this assistance. Currently, the program is funded in full by the Child Care and Development Block Grant. For fiscal 1992 this amounted to approximately $21 million.

Contact

Linda Beauvais
Program Specialist
Louisiana Child Care Assistance Program
Phone: (504) 342-9106
Fax: (504) 342-9111

MAINE

The Initiative

Incentives and Services to Businesses

Recognizing that the private sector is a critical player in the child care arena, Maine provides services and incentives to businesses to address the needs of their employees who must balance both work and family responsibilities.

Funded by the Division of Purchased and Support Services in the Department of Human Services, ten resource development centers (RDCs) located across the state provide workplace learning sessions, technical assistance, and resource and referral information to both public and private businesses of all sizes. The centers have served about 800 Maine employers.

Each resource development center acts as a clearinghouse for all existing child care providers, programs, and activities in its community service area. It is governed by a local advisory committee that must include a wide range of community interests—private employers, education leaders, municipal officials, child care providers, and parents. From developing needs assessment surveys to helping implement a flexible benefits package, RDCs act as catalysts to bring together the needs of child care providers, consumers, and the community.

One of the centers' charges is to provide technical assistance to local businesses. One form of support that has proven extremely popular and successful are "lunch and learn" presentations to employees at the work site. RDC staff conduct learning sessions for working parents that focus on balancing the needs of work and family. Recent topics have included "The Challenge of Effective Communication," "Positive Discipline Techniques," and "How to Juggle Parenting and Your Own Needs." Large Maine employers such as L.L. Bean, the Maine Medical Center, and Blue Cross/Blue Shield of Maine have participated in providing these sessions to their employees.

In addition, the state has published a booklet for businesses—"Child Care is Everyone's Business: Child Care and the Maine Workplace"—to provide new ideas and options for assisting employees in finding quality child care, and to foster greater cooperation among businesses, families, child care providers, and the public sector.

Maine also provides a tax credit of $5,000, or 20 percent of the cost of the benefit per year, to businesses that provide child care options for their employees. These options include on-site child care, implementation of a resource and referral system, a direct contribution to a local child care center, and/or a flexible benefits package.

Contact

Barbara Collier
Director
Office of Child Care Coordination
Maine Department of Human Services
Phone: (207) 289-5060
Fax: (207) 624-5555

MASSACHUSETTS

The Initiative

Income-Eligible Voucher-Certificate Program

When Massachusetts began its child care program in 1982, the commonwealth relied mainly on a contract system with private providers. To offer parents more flexibility in the selection of their child care providers, the state expanded its program in July 1991 to include vouchers. The state contracts with resource agencies, which locate providers that are willing to accept vouchers as part of their payment. Parents select their provider from those participating in the program. The provider bills both the parent and the state; the parents' share is determined on a sliding scale according to need.

Initiated by the Governor, the voucher program is still in its early stages. To date, 250 voucher certificates have been issued statewide. The funding comes from a variety of sources, including the Job Opportunities and Basic Skills (JOBS) Training program, the Child Care and Development Block Grant, and state funds.

Thus far the main problem in implementing the voucher-certificate program has occurred with the shift from contracts to certificates. Many providers that were previously guaranteed contracts now must "compete" with more than 2,000 licensed agencies for the parents' vouchers.

Contact

Janet George
Undersecretary for Human Services
Massachusetts Executive Office of Health and Human Services
Phone: (617) 727-0077
Fax: (617) 727-1396

NEW HAMPSHIRE

The Initiative

Comprehensive Child Care Program

State-sponsored child care has existed in New Hampshire since the early 1980s, but it was not until 1985 that significant funding was earmarked for a child care program. In that year, the Governor transferred $500,000 from a surplus in Aid to Families with Dependent Children (AFDC) accounts to a state child care program to assist the working poor. The state legislature subsequently directed another $2.3 million to the program. When the state experienced budget shortfalls in the late 1980s, funds from the federal government supplemented state dollars. A state child care coordinator maintains and organizes the various services the state provides. When parents in New Hampshire need child care, they go to their local Division of Human Services for information about providers and funding or to any of the day care centers under contract with the state.

The state uses a resource and referral database that consists of a directory of all licensed and unlicensed providers in each local area. Parents may either use the list in selecting a provider or choose a family member not residing in the home. Those requiring financial assistance work with the Division of Human Services to determine the amount of assistance to which they are entitled. Once a provider is selected, the funding is provided directly to the parents, or if a state-supported agency is the provider, directly to the center. Parents bill the division every week, which then sends them a check.

New Hampshire uses a system that pays parents directly to minimize administrative requirements. In most respects, the systems works well. However, because in some cases parents have not used the money for its intended purpose, the state must recover the payment or pursue the parents for fraudulent use of the funds.

The program chiefly serves working parents whose incomes are at or below 190 percent of the federal poverty level; AFDC recipients; unemployed individuals; and participants in training or education programs lasting two years or less. No one has been placed on a waiting list in twelve years.

The budget for the entire program for fiscal 1993 includes nearly $12 million in state and federal funds: $1.8 million from the Child Care and Development Block Grant; $3.3 million from Title IV-A of the Social Security Act; $3.3 million from the Title XX Social Services Block Grant; and $3.5 million in state dollars.

Contact

John Fransway
Administrator for Employment Support Services
Office of Economic Services
New Hampshire Department of Health and Human Services
Phone: (603) 271-4249
Fax: (603) 271-2896

NEW YORK

The Initiative

Business Leadership Breakfasts

In 1988 the Governor asked the director of the Division for Women and the director of Economic Development to carry out a series of Business Leadership Breakfasts to link businesses that were ready to institute family-supportive policies with local resources. A planning committee was convened to organize the statewide initiative. Representatives from six additional state agencies, two statewide business groups, and the Child Care Coordinating Council served on the committee.

Staff from the participating organizations worked with ten communities throughout the state to establish local planning committees that included area business, labor, child care, and aging services representatives. These individuals then invited business, labor, government, and service leaders who had already implemented or used work and family policies to join them in sponsoring the local forum. Local committees helped offset the costs, and they developed the agenda and the invitation list of local business and community leaders. At each breakfast, area employers discussed family policy options and heard first-hand the steps involved in implementing programs to help employees balance work and family. The local planning committees convened after the breakfast to review the morning's events and to plan follow-up procedures aimed at either addressing individual employers and their needs, or at developing a local consortium of stakeholders who would coordinate their efforts to strengthen local family-supportive workplace initiatives.

Contact

Charles Brown
Program Associate
New York State Division for Women
Executive Chamber
Phone: (518) 474-3612
Fax: (518) 474-3767

The Initiative

C.H.O.I.C.E.S.

In late 1989 the New York Department of Social Services issued a $216,000 grant to the Syracuse Chamber of Commerce for a demonstration project to help businesses recruit and retain employees and to investigate the effect of child care on businesses. The chamber combined the grant with private funds to develop three child care initiatives under the acronym C.H.O.I.C.E.S.—Child Care Options In Companies for Employees.

The main initiative was the planning and establishment of the C.H.O.I.C.E.S. Business Consortium Child Care Center. The chamber of commerce worked with a number of government agencies to form a planning committee to elicit businesses with an interest in developing a child care center. Initially the firms had hoped to contribute funds to support the center, but by the time the state funding became available, they had experienced financial setbacks and were unable to do so.

Consequently, the Department of Social Services and the chamber of commerce began to recruit contributions from major businesses and promised the contributors a certain number of slots in the center. To help convince companies that they would benefit from the center, the planning committee surveyed the firms' employees and used the responses to support their marketing efforts. To construct the center and to fund initial start-up costs, the department and chamber raised an additional $500,000 in public and private funds. The efforts paid off, and construction of the center was able to begin.

The center is scheduled to open in September 1992 and will be located in a business plaza in downtown Syracuse. It will operate as a nonprofit private agency with oversight provided by the C.H.O.I.C.E.S. Board of Directors.

In addition, the grant funded a Child Care Finder Service, which essentially is an enhanced resource and referral service, and a voucher program through which private sector employees can access child care services.

Contact

Mary Lynne Albanese
Project Director
New York C.H.O.I.C.E.S.
Phone: (315) 470-1873
Fax: (315) 471-8545

The Initiative

Child Care Resource and Referral System

Resource and referral agencies have a long history in New York. Local private child care resource and referral (CCR&R) agencies have existed in the state since before 1975. In 1975 the New York State Child Care Coordinating Council (NYSCCCC) was formed by ten community-based child care councils, which recommended state funding for CCR&Rs. In 1985 the Governor's Commission on Child Care joined the NYSCCCC in advocating a state resource and referral system to form a wider, more stable network of agencies. The 1986 session of the state legislature appropriated state funds for this system, and 1987 marked its first year of financial support. State and federal funds currently support twenty-two agencies in the state, which serve thirty of New York's sixty-two counties.

The CCR&Rs provide parents a list of the regulated child care providers in their area, help low-income families access public subsidies, and assist in increasing the supply of care in response to community needs. They also work with the Work and Family Resource Center to offer technical assistance to providers seeking to establish centers and/or expand services.

New York issues grants to the referral agencies through its Department of Social Services in large part to assist with start-up costs; these agencies are required to raise matching funds from local sources. In the second year, the department scales back the grant to a 75 percent level, and in the third year to 50 percent. Many agencies in large, urban areas that are well established depend on the state for less than 20 percent of their total budget and instead receive the vast majority of their funding from private companies that are then guaranteed access to services. However, several of the agencies—particularly in the more rural areas—have had difficulty surviving the grant reductions. The Department of Social Services is working on revising the funding formula to address such problems.

The Child Care and Development Block Grant comprises the largest percentage of the $4.9 million fiscal 1992 budget for the state system of CCR&Rs. Most of these funds will be used to open five to seven new agencies in the next year, and to provide additional resources to agencies at the 50 percent spend-down level of funding. Advocates continue to urge that core CCR&R services be funded statewide.

Contact

Barbara Carlson
Acting Director
New York State Child Care Coordinating Council
Phone: (518) 463-8663
Fax: (518) 427-6603

The Initiative

Work and Family Resource Center

In 1989 the Governor's Task Force on Work and Family sought to create an information source for businesses about work and family policies. Indicative of the task force's belief that work, family, and economic policies are strongly interrelated, the Work and Family Resource Center was established within the New York State Department of Economic Development.

The center helps firms assess policy choices to meet their employees' family needs. It provides information on the range of policy and benefit options; successful employer-supported work and family programs in New York; available state funding to open or expand child care services; the child and adult care service systems in the state; and local sources of assistance. The center also provides information on dependent care for the elderly and disabled.

By working with other state agencies, regional offices, and the network of child care resource and referral agencies in the state, the center assists businesses in determining what policies their employees need—from flexible scheduling to parental leave—and how best to implement those policies. The center does not provide financing to companies but educates them on how to access funds.

Over time, employers' interest in family-responsive policies and programs has increased, and the center's access to firms has grown. In the future, the Work and Family Resource Center hopes to assess the recent number and kinds of changes in employee policies because such data currently are not available.

Contact

Marilyn McCabe
Director
Work and Family Resource Center
New York State Department of Economic Development
Phone: (518) 473-0499
Fax: (518) 474-1512

NORTH CAROLINA

The Initiative

Uplift Day Care Program

When North Carolina learned about the prospective availability of the Child Care and Development Block Grant (CCDBG) of 1990, state officials began to plan how best to use the new funds to address the access, cost, and quality of child care in the state. Seeking to avoid duplication of services while maximizing and building upon existing resources, the Department of Human Resources examined the federal funding for child care that the state was receiving. From this review, in January 1991 the Governor announced Uplift Day Care, a new program of ten initiatives to expand parental choice and extend day care services into rural, underserved areas. Seven of the initiatives are new; three relate to the subsidized day care program.

The first two new initiatives of Uplift Day Care are related to Head Start. North Carolina initiated wrap-around day care to extend the length of existing Head Start programs to a full day, all year. Early Start: A Parent-Child Center Project is a comprehensive child development and family support program for families with children up to age three, and will provide quality, family-focused development services to teen parents along with child care education and job training services. Using about $600,000 in state funds to match federal Head Start funds, five of these centers have been established.

A third initiative involves the system of child care resource and referral (CCR&R) agencies in the state. New CCDBG funding has allowed the state to continue to support the twelve existing CCR&Rs covering twenty-three counties, which formerly were funded by the Dependent Care Grant. The federal funds are used to provide core services, including providing child care information to parents as well as training for providers. In addition, the state has established and awarded four planning grants ($5,000 per grant) and three start-up grants ($40,000 per grant) to agencies interested in planning or opening a new CCR&R.

The Day Care Provider Revolving Loan and Grant Fund was established to make low-interest loans ($5,000 and more per loan) and grants ($200 to $4,999 per grant) available to day care facilities for equipment, renovations, and other improvements needed to meet regulatory requirements. Banking institutions administer the revolving loan fund, while the Child Care Day Care Section handles grant allocation.

Day Care Coordinator Grants provide funds to county departments of social services to support day care coordinator positions that assist in the oversight and distribution of subsidized day care funds. Sixteen positions were allocated during the first year of funding to serve single counties or multiple county consortiums.

In addition, the state has begun the Child Care Worker Compensation Study to explore ways to increase the compensation of child care workers through additional training and the development of a career ladder continuum.

The seventh new initiative of the Uplift Day Care Program is the Child Care Worker Basic Training Credential. The Department of Human Resources and the Department of Community Colleges are working with child care providers to develop a basic child care curriculum and credential that will be offered in community colleges. Child care workers who successfully complete the curriculum will receive the North Carolina Child Care Worker Basic Training Credential and become eligible for a $100 scholarship to offset their expenses. In the spring of 1992, approximately 300 individuals received the child care credential; about 600 hopeful participants have been placed on a waiting list for the fall of 1992.

Besides these seven major efforts to improve child care, North Carolina also has applied resources to reduce the waiting lists for child care services and to improve the staff to child ratio for infants from 1:7 to 1:6 in state child care centers. This has been an exceedingly successful endeavor. In 1990 14,000 parents were on the waiting list for child care; in 1991 that number had dropped to 7,800. In 1992 the state hopes to decrease the list to 5,000.

Contact

Nancy M. Sampson
Chief
Child Day Care Section
North Carolina Department of Human Resources
Phone: (919) 733-4801
Fax: (919) 733-2757

OREGON

The Initiative

Child Care Resource and Referral System

In 1987 the Oregon legislature began funding the state system of child care resource and referral agencies. The state is divided into service regions, with a lead CCR&R agency in each area. Each agency is independently operated but must follow state guidelines in order to receive public funding. Once an agency has satisfied the state's requirements, it submits a proposal to the Commission for Child Care, which then determines an appropriate funding level. Agencies are funded for one year at a time. Eleven agencies are operating in the state and are serving 75 percent of the population. Eventually, the state plans to operate sixteen agencies in order to serve the entire state. For every dollar of public money, each agency depends on $3.00 of private money to cover its overall costs. Half of the public funds stem from the federal Child Care and Development Block Grant, though the state also has contributed $1 million.

The Initiative

Employer Tax Credits for Dependent Care

To address the demand for child care and parents' need for financial assistance, and to encourage employers to provide child care for their employees, the Governor and the Oregon legislature created the Commission for Child Care in 1985. These same goals led in 1987 to the enactment of tax credits for businesses that provide information and referral services to help employees find care for their dependents, pay for employees' dependent care, or establish a dependent care facility on site or within two miles of the work site.

Also in 1987 the position of child care coordinator was created to facilitate the involvement of businesses in providing child and dependent care. One of the coordinator's main duties is to educate businesses about the tax credits. Although the level of tax credit utilization has not been high, it has been steadily increasing. In 1988 only $6,000 in credits was issued. This figure rose to more than $21,000 in 1989 and to more than $70,000 in 1990.

Contact

Janis Elliot
Child Care Coordinator
Office of Child Care Coordination
Oregon Department of Human Resources
Phone: (503) 373-7282
Fax: (503) 378-2897

PENNSYLVANIA

The Initiative

Local Management Agency System

Since 1968, Pennsylvania has offered subsidized child care statewide through a system of contracts with selected child care providers or agencies. However, there were a number of problems with the system. Providers often located their centers only in the more populated areas of their county with the result that parents had to drive long distances to acquire child care or could not access the necessary care. At the same time, some parents could receive care at only some of the contracted facilities and could not select other providers. Because the contract system was not meeting the needs of many parents, Pennsylvania began to institute some changes.

To offer families more choices in their child care providers and to alleviate problems in the location of care, Pennsylvania switched to a parent choice system administered by local management agencies (LMAs). Initiated in 1988, every county will manage its child care program through one of these entities by the summer of 1992. Parents can apply to the LMA for information and referral services and financial assistance to subsidize child care. Each LMA will access a database of all providers in the area. Once the LMA has assessed the parents' financial needs and funds are available, families can use the provider of their choice. However, the provider must be willing to participate. If no funds are available, the LMA will place the family on a waiting list until funding becomes available. The LMA pays the provider directly, less the family's share.

Each LMA serves primarily low-income families but can decide to what extent other families may access its information and referral services. To ensure that groups with special needs receive the subsidized child care services, each LMA may reserve some funds to serve at-risk groups such as teen parents or disabled children.

The entire system of local management agencies in sixty-seven counties is operating in 1992 under a $110 million budget. About $37.1 million stems from state financing, and the remainder comes from the following federal sources: $38.7 million from the Title XX Social Services Block Grant; $12.8 million from the At-Risk Child Care Program; and $21.6 million from the Child Care and Development Block Grant and other programs.

Contact

Christopher Wolfe
Program Specialist
Pennsylvania Bureau of Child Day Care Services
Phone: (717) 787-8691
Fax: (717) 787-7753

The Initiative

Neighborhood Assistance Program

To provide incentives to the private sector to help needy citizens of the state, Pennsylvania began its Neighborhood Assistance Program in 1967. The state legislature revived and revised a piece of legislation from the Depression to form a program of tax credits for businesses sponsoring approved community projects. A company may either create its own project or contribute to a community organization that meets certain requirements, including providing job training, medical care, or child care with an education component to clients in an economically disadvantaged area.

Up to 50 percent of the company's contribution can be used as a tax credit against one of Pennsylvania's taxes (e.g., the corporate net income tax). A single business may not exceed a tax credit of $250,000 in any one year, though a credit may be carried into the next year for up to five years after the contribution. If a business contributes to a project or organization that the Department of Community Affairs has designated as a priority, then a tax credit of up to 70 percent is available.

The program operates with an annual budget of $8.75 million. Because the state legislation allows the program a certain amount of tax credits, without requiring an actual appropriation, the program's funding has been secure.

Contact

Darlene Ferrier
Manager
Pennsylvania Neighborhood Assistance Program
Phone: (717) 787-4140
Fax: (717) 787-6074

TEXAS

The Initiative

Child Care Management Services

Before 1990, subsidized child care in Texas was funded mainly through the Title XX Social Services Block Grant. Services were provided in licensed facilities and registered family homes through a combination of contracts, subcontracts, and provider agreements. This system was designed in the early 1970s and served the state's child care needs adequately for several years. However, by 1988 this contracting system was not meeting the child care mandates of the Family Support Act nor the anticipated mandates of future federal child care legislation. Also, expected increases in the number of children requiring services and in the amount of funds available called for a change from the existing contracting system.

In the summer of 1989 the Texas Department of Human Services (DHS) held a meeting with child care advocates and providers to address needed revisions to the system. From this meeting emerged the idea for Child Care Management Services (CCMS), an initiative to manage multiple funding sources and improve the quality and quantity of child care. In electing to develop a comprehensive child care management system, the department decided to discontinue its existing Title XX contracts. While there would be some advantages to a system with both Title XX contractors and CCMS vendors, a dual system would be more difficult to coordinate, would deny choice in providers to parents eligible only for Title XX funds, and would force clients to change providers when their eligibility for Title XX funds ended. DHS eased the transition for former Title XX contractors by implementing a phase-down of their previous funding over a one-year period. All but a few of the former contractors now participate in the system as CCMS vendors.

To facilitate coordination with other programs, the state organized its child care regions to be consistent with the service delivery areas required under the Job Training Partnership Act (JTPA). Child Care Management Services involves contracts with twenty-seven agencies throughout the state. All of these contracts were obtained competitively, except for four which were field test sites for the system. All four of the test sites were former Title XX broker contractors. CCMS contractors enter into vendor agreements with licensed child care centers or registered family homes. CCMS agencies determine families' eligibility for DHS-funded care and the availability of the funding, inform clients about space availability, and actually secure the child care. CCMS agencies also recruit, train, and pay providers and send claims and reports to DHS. The system also supports self-arranged care—when parents select care from providers that do not have a vendor agreement with a CCMS agency.

CCMS contractors use a single, comprehensive computer system that has two major functions: client services and billing and reporting. The client services function essentially is a client caseload and provider database to link parents with available child care. In addition, this function tracks information on funding sources, eligibility categories, and waiting lists. The billing and reporting function registers participants in the program, generates payments to providers and to parents for self-arranged care, and electronically transfers claims data to the department. In addition, it provides standard reports for better management of child care resources. Through this automated system, CCMS contractors can identify the source of funding for each child and subtract funds from that source.

Since 1989, the child care and development program budget has increased from $37 million to $177 million in 1992. About $29 million comes from state general revenues. The remainder comes from federal sources, including the Child Care and Development Block Grant; Title XX Social Services Block Grant; Title IV-A and Title IV-E of the Social Security Act; and Food Stamp Employment and Training program. The department is working to certify local funds and state prekindergarten funds as a match for additional Title IV-A dollars.

Contact

Charlotte Brantley
Child Care Development Director
Client Self-Support Services
Texas Department of Human Services
Phone: (512) 450-4179
Fax: (512) 450-3864

The Initiative

Work and Family Clearinghouse

To address the changing needs of families in today's workforce, the Texas Governor and state legislature created the Work and Family Clearinghouse in May 1991. Formerly named the Child Care Resource Clearinghouse, the new name reflects the entity's new mission: to help Texas businesses with all types of employment-related family issues.

Businesses with fewer than twenty-five employees provide about 87 percent of the jobs in the state, but the smaller firms often lack information about family policies. The clearinghouse fills that information gap by maintaining a database of dependent care resources; demographic trends; federal and state initiatives relating to work and family policies; model benefit programs; and consultants, researchers, advisers, and experts who can provide technical assistance to employers and policymakers. Essentially, the clearinghouse acts as a link between businesses and the wealth of information available on work and family policies.

To disseminate this information, the clearinghouse conducts invitational regional and statewide conferences, seminars, and workshops; makes presentations at business and trade conferences; gives periodic reports to employers and lawmakers; submits articles to business journals; writes technical assistance papers on the start-up, legal, and fiscal implications of various work/family benefit options; and issues a newsletter.

At the same time, the clearinghouse assists state and community-based agencies in developing the best strategies to meet the needs of special populations. Aid to Families with Dependent Children (AFDC) recipients and teen parents are among those groups receiving particular attention.

A public/private partnership, the clearinghouse operates on an annual budget of approximately $664,000. About half of these funds are derived from a $2.00 increase in the state fee for conducting a birth certificate search. The other half comes from research grants and contracts with state and federal agencies and from competitive federal grants (e.g., with the U.S. Department of Labor). In addition, corporate contributions finance various projects of the clearinghouse such as a special series of presentations or research. The clearinghouse is housed within the Texas Employment Commission.

Contact

Carol Nasworthy
Director
Work and Family Clearinghouse
Texas Employment Commission
Phone: (512) 463-2975
Fax: (512) 463-2373

2. Parent Education and Family Support Programs

Introduction

Together, changing family demographics, economic trends, and societal pressures are producing intense stress for many families. For families living in poverty, meeting even basic needs is a daily struggle. A consensus is emerging on the need for states to work with communities to offer families parent education and other support services, assistance which in the past was considered a private matter and provided largely by relatives.

Interest in providing family support services also has been fostered by the growing recognition that successful parenting does not come naturally. It is a learned skill that can be developed and refined over time.

This chapter highlights a few of the many ways states have reached out to strengthen and educate families. In some cases, states work with the entire family through family support centers, where in a single location parents and children can access the full range of services they need. In addition to helping families cope with issues such as teen pregnancy and substance abuse, the centers concentrate on developing traditional skills such as parent-to-parent and parent-to-child communication.

States also have developed parent education programs utilizing, for example, newsletters, parenting classes, and support groups. While different in substance and structure among states—and even within a state—these programs are based on the philosophy that regardless of income level, parents in both strong and fragile families can benefit from a network of social support and expertise. The programs are designed primarily to increase parents' confidence and competence in their parenting capabilities and to help them fulfill their roles as their children's first teacher.

Underlying the parent education and family center programs highlighted in this chapter is the premise that service delivery approaches must recognize family strengths, skills, and abilities while respecting the integrity of the family unit. They are oriented toward helping a family maximize its potential, improve parent/child interactions, and create and maintain home environments that are conducive to learning. The emphasis is on providing preventive services, building self-sufficiency, and increasing the capacity of parents to nurture and rear capable children.

COLORADO

The Initiative

Family Centers

Colorado's family centers embody the vision of the state Commission on Families and Children for a delivery system with a single point of entry to comprehensive, intensive, integrated, and community-based services for at-risk families. The family centers provide public services at central locations, allowing these families to work with a single agency rather than negotiate the myriad of agencies to receive all the services they need. Five principles guide the centers in their mission:

- The basic relationship between the programs and families involves equality and respect.
- Participants are a vital resource.
- Programs are culturally and socially relevant to the families they serve.
- Parent education, information about human development, and skill building for parents are essential elements of every program.
- Programs are voluntary.

The centers are located predominantly in communities where there is a preponderance of poverty, unemployed or working poor families, substance abuse, crime, school dropouts, and pregnant or parenting teens. However, all individuals may access the centers, regardless of their income.

Services to which the centers refer individuals or provide directly include early childhood care and education; outreach programs to expectant parents; family preservation; job training; comprehensive health education; basic health services; and mentoring programs.

The state entertained funding requests from communities—rather than individual agencies—through a team application process. Each team was required to include the superintendent of schools or a principal of a neighborhood school, the county social services director, the county health department director, an elected official, a business representative, a service provider, and at least two parents who might use the services of a family center.

The state allocated $195,000 for planning grants for the family centers, including contributions from the departments of Education, Social Services and Health, the Governor's Job Training Office, Communities for a Drug-Free Colorado, and the Colorado Division of Criminal Justice. In addition, private foundations and corporations have provided financial support to the program.

In March 1992 eight communities were selected to receive planning grants, each not exceeding $30,000 for a six-month initial phase. Thirty-one communities had submitted applications.

Contact

Donna Chitwood
Deputy Director
Office of Policy
Office of the Governor of Colorado
Phone: (303) 866-2974
Fax: (303) 866-2635

CONNECTICUT

The Initiative

Family Education and Support Centers

Connecticut established ten family education and support centers in January 1987. Six additional centers subsequently were developed, and in 1990 the project was officially established in state law with the goal of improving parenting and enhancing family functioning in order to offer children and youth increased opportunities for positive development.

The centers are based on the Social Development Model developed by J. David Hawkins and Joseph G. Weis, which stresses the importance to children of healthy interaction with families, schools, peers, and communities. For 1991-92, the centers received grants totaling about $816,000.

The 1990 legislation requires each center to provide the following key services:

- *Parent Education and Training* to encourage positive family management and communication practices. Parents learn techniques in setting behavioral limits, establishing rules, and being consistent in applying discipline, while children learn to curtail undesirable behaviors and increase socially acceptable behaviors. Many of the programs also contain specific components addressing issues of substance abuse.
- *Parent Support Services* to help build parents' confidence and reduce the stress and isolation often experienced in raising children. Parent support groups, drop-in programs, warmlines, individual consultations with families, home visits, parent-child activities, and social and recreational activities for the family are among the available services.
- *Technical Assistance, Consultation, and Training Services* for parents, professionals, and service providers in the community. The centers offer training for teachers on fostering parent-school communications; consult with employers on developing more supportive work policies; and provide technical assistance to day care providers and health professionals.

In addition, the centers refer parents to community resources, including health care, education, child care, transportation, and employment services.

Contact

Carole LaLiberte
Family School Services Coordinator
Connecticut Department of Children and Youth Services
Phone: (203) 566-2149
Fax: (203) 566-8022

DELAWARE

The Initiative

Delaware Community Clusters Against Substance Abuse

The Delaware Community Clusters Against Substance Abuse (DECCASA) is a comprehensive, multi-level prevention program that utilizes individual, family, community, and culture-based interventions. The state Office of Prevention coordinates and supports the program, while local communities plan and implement the efforts. DECCASA began in 1989 as a three-year program funded by the Office for Substance Abuse Prevention in the U.S. Department of Health and Human Services. Currently, there are six DECCASA sites in rural areas of the state, and each site carries out two related initiatives, Youth Connection and Families Matter!

Youth Connection focuses on the prevention of alcohol and drug use among youth ages nine to fifteen by attending to all aspects of their development—social, emotional, mental, physical, and vocational. Through activities such as sports, discos, role playing, group discussions, and arts and crafts, Youth Connection reshapes children's use of leisure time and builds skills to help them resist drugs and alcohol. Games, guest speakers (e.g., state and local police, counselors, and sports figures), quizzes, videos, and other means convey the anti-drug message. Also, once a month the program sponsors at least one event for youth and their families.

Families Matter! is a parent support and education program to help parents reinforce their children's activities in Youth Connection. In the meetings, parents learn about subjects such as effective disciplining, limit-setting, stress management, budgeting, and resume/interview preparation. A family coordinator organizes social events, adult support groups, and education and self-help programs, and works with families individually to connect them to resources and services in the community such as child care, General Educational Development (GED) classes, employment, housing, and counseling.

Additionally, through the Peer Helpers program, older youth assist youth coordinators and serve as role models to younger children for which they receive a small stipend.

The mayor of each town in which DECCASA is located has appointed a community advisory board (CAB) to develop a comprehensive needs and resources assessment and a prevention action plan. The boards are broadly representative of all segments and sectors of the community, and meet monthly for the first project year and bimonthly after that. Each town has hired a community prevention coordinator (CPC), advised by the CAB, to coordinate prevention efforts throughout the community. The coordinator also acts as a catalyst for community action, a magnet for resources, and a spokesperson for prevention. CABs select a target neighborhood for the youth and family programs and an agency to implement the programs. Working with the community boards, the coordinators have helped organize activities, such as youth karate clubs, an adult male mentor program, after-school homework clubs, and adult computer classes.

Contact

Henry M. Wood
Administrator
Office of Prevention
Delaware Department of Services for Children, Youth, and Their Families
Phone: (302) 633-2678
Fax: (302) 633-2565

The Initiative

Great Beginnings

With grants from the Delaware Children's Trust Fund and the U.S. Department of Agriculture (USDA) Extension Service, the *Great Beginnings* newsletter is now being received by more than 2,000 Delaware parents. Originally a series of thirteen newsletters, *Great Beginnings* was expanded to thirty-six monthly issues to provide parents with timely information on child development through the first three years. The newsletter is designed to reinforce the behaviors researchers have identified as most important in helping children develop physically, intellectually, socially, and emotionally.

Each issue is eight pages long, easy to read, and attractively illustrated. The newsletter is keyed to the baby's first month, so that each subsequent month parents receive information directly related to their child's current age.

Readers of *Great Beginnings* report that the newsletter has helped them be more effective parents by:

- Providing new opportunities for their children to explore and learn;
- Enhancing their children's language skills;
- Teaching ways to protect their children from accidental injuries;
- Offering discipline approaches that do not involve physical punishment;
- Suggesting ways to play with children that promote development; and
- Providing suggestions for more nutritious meals and snacks for their children.

Subscription forms are distributed statewide through hospitals, high schools, child development centers, health care providers, and state and local human service agencies. *Great Beginnings* is free to all Delaware residents.

The project was initiated in 1989 by the Head Start Bureau at the U.S. Department of Health and Human Services and USDA Extension Service to evaluate the use of a series of parenting booklets by low-income parents in five states. Cooperative Extension programs in California, Delaware, Nevada, South Carolina, and Utah participated in the project. The newsletter is now published by the Cooperative Extension of the University of Delaware, which is a federally funded land grant university.

Contact

Patricia Tanner Nelson
Family and Child Development Specialist
Cooperative Extension
University of Delaware
Phone: (302) 831-2509
Fax: (302) 831-3651

The Initiative

The Family Center

In 1990 the Hawaii Department of Human Services contracted with the Hawaii Community Services Council, building on the council's capacity as a planning agency and incubator of new programs, to develop new demonstration Family Center projects. The project seeks to connect in a single site a variety of supports and services for families, based on the belief that healthy and empowered families are catalysts for positive change in the community and beyond. Presently located in four communities, each family center is uniquely designed and located to meet the needs of the local population. A brochure describing the initiative states, "The Family Center is not one place. It is many. It is a network of community-based centers in different settings which offer comprehensive support to families. Family Centers are the 'glue' that connects education, health care, parenting needs, and social and emotional support."

Access for families is through a single entry point to provide a more coordinated and efficient service delivery system that is family-centered. Reflecting the variety of organizations eligible to become family centers, the original applicant pool for grants included public schools, churches, human service agencies, businesses, and health care organizations. The first three centers funded through the project were the Molokai Family Center, West Hawaii Family Center, and Kuhio Park Terrace Family Center.

The Molokai Family Center opened in April 1991 as a partnership between Molokai Family Support Services and Molokai General Hospital. It offers a variety of services, including toy and car seat lending, respite care, outreach, parenting classes, child care, and information and referral services. Molokai is one of the smallest islands in the state, and its family center is structured to accommodate this close, centralized community.

West Hawaii Family Support Services is the lead agency for the West Hawaii Family Center, which opened in February 1991. Serving a rural community that spans 150 miles, this center is located in a popular shopping center and has rapidly become the hub for family support services and information.

The Kuhio Park Terrace Family Center reflects a consortium of organizations and meets a variety of family needs in the community. Located in a public housing project in Kalihi, this center refers families to necessary resources and contains Head Start and Healthy Start components. Families are introduced to the center through their participation in a cooperative food store. Once connected, family workers from each of the consortium agencies provide customized family support.

A fourth center in a rural community on the main island of Oahu was established in 1992. For fiscal 1993 $860,000 has been appropriated to fund a total of six centers.

The Initiative

Family Literacy Demonstration Projects

In 1990, legislation authorized the Family Literacy Demonstration Projects, which currently receive about $150,000 in state funds, as well as contributions from an array of community, private, and federal sources, including Head Start.

A public/private partnership, the Family Literacy Demonstration Projects were initiated by the Governor's Office of Children and Youth. The three community-based programs enable children to receive preschool education, while their parents participate in vocational training and education that includes parenting skills and traditional subjects such as reading, language, and mathematics. The projects' focus is on elevating the value of education in the family unit. All of the projects are based on the Kenan Model, which operates all-day, all-week throughout the school year. However, each project is designed to address the needs of its own community:

Waialua Intervention Network for Greater Success. Waialua Elementary School, home of the Waialua Intervention Network for Greater Success (WINGS), is nestled among several hundred acres of sugar cane. It is the only elementary school for the children of Waialua community. Waialua, an old sugar plantation town in northern O'ahu, is a community in transition. As the plantation slowly pares down its operations, the residents have had to look for other jobs and housing. Through WINGS' publishing house, participants have learned entrepreneurship first-hand.

Makaha 'Ohana Project. The Makaha 'Ohana Project is housed at the community's elementary school in rural Makaha, O'ahu. Makaha is a small community that spreads from the foot of the Ko'olau Range to the Pacific Ocean. It is part of a larger area of leeward coastline where residents traditionally have lived off of the land, a lifestyle much more difficult today. The Family Literacy Project helps families on the edge of poverty make the transition to employment in the labor market. Its heavy emphasis on career counseling has given the adult participants first-hand experience with job responsibilities.

Instructional Modeling for Parents and Children Together. Lihikai Elementary School is the home of Project IMPACT (Instructional Modeling for Parents and Children Together). It is one of two neighborhood schools that accommodates the children of Kahulul. Many of the community residents are young families with two working parents. However, many of the women not working outside the home feel isolated and pressured to find jobs. The project helps families find a social network while allowing them to remain active in the lives of their children. Its emphasis on parent and child interaction helps families cope with daily stresses while providing alternatives to discipline.

The Initiative

Family Literacy Fund

In 1991 legislation passed authorizing the Family Literacy Fund. The impetus for the fund's creation was the recognition that as of 1988, there were 154,000 Hawaiian adults who were functionally illiterate, and the research finding that literacy levels of children are strongly correlated to those of their parents, particularly the mother. A family literacy endowment provides permanent funding for developing family literacy programs across the state.

The Family Literacy Fund is a public/private partnership of the Governor's Council for Literacy, the Hawaii Community Foundation, the Hawaii business community, and the state. Its purpose is to promote intergenerational literacy through providing small grants to a wide variety of organizations including, for example, private nonprofit agencies, churches, community centers, schools, and state agencies. The grants are financed by interest earned on the endowment. Grants support creative ways to provide opportunities for adults to improve literacy skills; promote the value of learning within the context of the family; and encourage parents to fulfill their parenting roles more capably and to participate in their communities.

The fund is overseen by a nine-member advisory board, which includes the First Lady and representatives from the public and private sectors.

Currently, the Family Literacy Fund has an endowment of more than $1.5 million, including state dollars and contributions from the business and labor communities and a private foundation. In its first eighteen months of operation, the fund approved thirty-five grants totaling nearly $72,000. For fiscal year 1992 there was $64,000 available.

Contact

Kathleen Ka'iulani De Silva
Director
Hawaii Governor's Office of Children and Youth
Phone: (808) 586-0118
Fax: (808) 586-0122

ILLINOIS

The Initiative

Family Literacy Grants

Illinois' Family Literacy Grants were created based on the recognition that family literacy programs provide benefits that are greater than the sum of their parts—adult and child education. These programs help parents achieve their educational goals, while at the same time encourage them to better prepare their children for academic success.

The new program, which will begin issuing grants in 1993, will provide up to $400,000 in federal funds authorized through Title I of the Library Services and Construction Act of 1956. In addition, the Illinois State Library will provide up to $35,000 for each library that cooperates with preschool, elementary school, or adult education providers to encourage intergenerational reading. Funding proposals will be reviewed by the Illinois State Library Advisory Committee or its representatives, and preference for these funds will be given to public libraries with a history of providing literacy services.

The adult literacy program component must serve adults who are sixteen or older who currently are not enrolled in school and read below the ninth-grade level. The youth component must be targeted to children ages one to ten who are at risk of school failure. To ensure dual educational benefits, funded programs will involve both the parent and child in play and literacy activities.

Because of Illinois' multi-cultural population, the State Library Advisory Committee will also seek a balance between English-as-a-Second Language programs and native English-speaking programs.

Contact

Judy Rake
Director of the Literacy Office
Illinois Office of the Secretary of State
Phone: (217) 785-6921
Fax: (217) 785-6927

KENTUCKY

The Initiative

Parent and Child Education Program

Administered by the Kentucky Department for Adult and Technical Education, the Parent and Child Education Program (PACE) is a literacy venture in which parents and children learn together through a variety of activities. The idea for PACE emerged during a commute to work as two Kentucky educators—one an expert in childhood development, the other in adult education—debated the best strategy for improving the state's literacy levels. One believed that the greatest hope in raising Kentucky's low literacy levels was through early childhood education; the other believed that the best strategy was to provide remedial help to parents with the hope of increasing the prospects for the next generation.

The program was established in 1986 when a Kentucky legislator and former literacy volunteer supported and ultimately helped pass legislation to provide $300,000 to open six centers on a pilot basis and $900,000 in the second year. In 1988 the project received $1.8 million. It is entirely state-funded. During the 1991-1992 school year, 450 adults and their three- and four-year-old children were enrolled in the program.

The program includes four components, usually offered by both adult and childhood development educators in classrooms:

- The *adult education* component is designed to extend and expand basic education skills. Active learning strategies, peer collaboration, and individual work plans are designed to connect academic subjects to students' personal experiences. The component is designed so that students of all abilities will be equipped to think critically and creatively, set goals and solve problems, and acquire interpersonal skills.
- The *early childhood* component is focused on the child's broad development skills that emerge during the preschool years. The child's cognitive, physical, social, and emotional skills are cultivated through active exploration and investigation, personal discovery, reorganization of the child's physical environment, and verbal interaction with peers and adults.
- In the *Parent and Child Time* (PACT) component, parents and children work and play together as a family unit. Children initiate the activities. At the end of the session, a large group activity provides ideas for transferring learning to the home. The reciprocal learning allows both parents and children a chance to become true partners in the education process.
- *Parent Time* is a blend of parent support and education to inform parents, offer advocacy services to their families, and learn parenting skills. It is a special time in

BEST COPY AVAILABLE

which parents develop friendships, encourage mutual growth, and improve their interpersonal skills.

An evaluation of the program found that:

- 70 percent of adults either received General Educational Development (GED) certificates or raised their grade levels by at least two years.
- Participants report a better understanding of their children's abilities and needs, as well as a newly acquired belief that their children could succeed in school with their help.
- Preschoolers exhibit measurable developmental gains.

The following description of the PACE effort in Pulaski County, which appeared in *Pathways to Self-Sufficiency For Two Generations: Designing Welfare-to-Work Programs That Benefit Children and Strengthen Families*, illustrates the workings of the program.

"Families attend the program three days a week. Transportation is provided and is considered a very important service in this rural county. For part of each day, children attend a developmental preschool program while their parents work on education activities that range from literacy to GED preparation, depending upon their skill levels. During a period of the afternoon devoted to parent-child interaction, staff encourage parents to try out play and learning activities with their children that support children's development and help build a healthy parent-child relationship. Another afternoon session provides life skills training for parents."

Contact

Sara Callaway
Parent and Child Education Program
Office of Adult Education Services
Kentucky Department for Adult and Technical Education
Phone: (502) 564-3921
Fax: (502) 564-5316

MAINE

The Initiative

Head Start Collaboration Project

Maine is one of twelve states receiving demonstration funds from the U.S. Department of Health and Human Services as part of the department's Head Start Collaboration Project. The project seeks to integrate many of the state's literacy programs, adult education programs, services targeted to at-risk families in the Maine Department of Labor, and services of ASPIRE, which is Maine's Job Opportunities and Basic Skills (JOBS) Training program.

The state Office of Head Start works with state officials, Head Start programs, and public and private organizations to establish coordinated systems that will increase Head Start families' access to comprehensive services. Building upon Maine's existing Head Start population of about 3,000 families, the Collaboration Project aims to enhance parents' capacity to care for their children.

Through the project, each of the state's thirteen agencies will create a Family Development Center (FDC) to provide a comprehensive, integrated service delivery system that combines available resources for education, training, employment, and support services. An FDC model currently is being developed in central Maine.

Complementing FDC is an initiative to coordinate state and local resources to increase educational and employment opportunities for Head Start families. Recognizing that literacy is one of the most critical components of self-sufficiency, a unique collaboration was formed to develop strategies to expand literacy opportunities for Head Start parents. The Head Start/Literacy Collaboration Project produced a resource manual that will be distributed to all Head Start programs in Maine, the state's public libraries, and literacy providers. Head Start staff, working cooperatively with local adult education specialists and literacy volunteers, will encourage parents to become full partners in their children's education.

Other objectives of Maine's Collaboration Project include:

- Helping Head Start children transition more effectively into the public school system by increasing training for teachers on working with children with special needs;
- Improving family health education and accessibility to health care;
- Coordinating day care services within Head Start programs; and
- Reconstituting the Head Start Statewide Parent Advisory Board to provide parents with a statewide support network and formal organization to link them with other regional and national Head Start forums.

Contact

Cheryl Leeman
Director
Maine Office of Head Start
Phone: (207) 289-5060
Fax: (207) 626-5555

The Initiative

Project Advance

Project Advance is a family literacy pilot program funded by the Maine Department of Education's Division of Adult and Community Education, as well as by local and federal dollars. The model of the project has been adopted by several of the state's adult basic education programs. The goal of Project Advance is to strengthen the educational skills of parents so they can help their children reach their full potential as learners. Parents are taught to work cooperatively with their children's schools and to support the educational growth of their children at home.

A family literacy curriculum was developed to guide the efforts of Project Advance that includes learning materials on children's early years, reading with children, a book club, cooking at home, parents as partners, environmental literacy, and watching television constructively. This curriculum was used by Project Advance staff in weekly home visits for tutoring.

Key elements of Project Advance include:

- A local family literacy advisory board consisting of representatives of Head Start and Chapter I; the elementary school principal; the school librarian; the local adult education director; and a Project Advance teacher. The advisory board fosters collaboration and sharing of resources. For example, parents and children might ride the Head Start bus together so the parents take part in adult education services at the Head Start site.
- Screening interviews with both Head Start and kindergarten parents.
- A family literacy reading club to facilitate the introduction of books and materials to be used in the home.

As parents acquire good learning habits and improve their basic skills, children also reach their full potential as learners, and parent-school relations improve. Both generations benefit.

Contact

Robert Crotzer
Grants Administrator
Division of Adult and Community Education
Maine Department of Education
Phone: (207) 287-5883
Fax: (207) 289-5894

MARYLAND

The Initiative

Family Support Centers

In 1986 the Governor, the state Department of Human Resources, the Aaron and Lillie Strauss Foundation, the Goldseker Foundation, and several local communities sought legislative support for four centers as part of a statewide effort to help families. Since then, public/private partnerships in other communities have developed family support centers that provide comprehensive prevention services, either on site or through referrals. Currently there are fourteen centers that target families with children up age three.

The goals of the family support centers include:

- Assisting parents in developing more effective parenting skills and fulfilling their aims related to school, employment, and family life;
- Providing support networks among parents in their local communities;
- Connecting parents and their children with community resources that can help them; and
- Promoting the optimal development of young children through parent/child activities and developmental child care services.

To meet these goals, the centers offer a vast array of services such as parenting skills; infant and child stimulation activities; employability skill development; educational and literacy opportunities; developmental screening; health education and referrals; temporary developmental child care for children below age four; and peer support and recreational activities.

Contact

Linda Heisner
Director
Family and Children's Services
Maryland Department of Human Resources
Phone: (410) 333-0208
Fax: (410) 333-0392

MINNESOTA

The Initiative

Early Childhood Family Education Program

The Early Childhood Family Education Program (ECFE) is designed to strengthen families and support the ability of all parents to provide the best possible environment for their children. The voluntary program is available to all Minnesota families with children between the ages of birth and kindergarten regardless of income. Services are offered for a minimal charge, which is waived if a family is unable to pay.

ECFE is based on the belief that parents are their children's first and most significant teachers. It builds on research findings that early childhood programs involving both parents and children are more effective than are programs centered exclusively on children.

Each ECFE programs has an advisory council, consisting largely of parent program participants, to ensure that the program matches community needs. Nearly all of the initiatives include the following components:

- Parent discussion groups;
- Play and learning activities for children;
- Parent-child activities;
- Special events for the entire family;
- Home visits;
- Early screening for children's health and developmental problems;
- Referrals to other community resources; and
- Libraries of books, toys, and other learning materials.

Many communities offer special sessions for families with specific concerns, including single parents, teen parents, parents of children with disabilities, and working parents.

Services are provided by licensed parent educators and early childhood teachers in school buildings, shopping centers, apartment buildings, homeless shelters, churches, and other community sites. Families typically participate for two hours per week during the school year, though some are involved for fourteen or more hours per week in more intensive strategies such as literacy training.

From 1974 to 1983, ECFE was developed through a series of pilot programs funded by a state grant to the Minnesota Council on Quality Education. In 1984 the legislature made it possible for any school district with a community education program to establish ECFE and fund it with a combined local levy/state aid formula that may be supplemented with registration fees and funds from other sources. While costs vary according to the extent, intensity, and location of services, it costs about $300 per participant to offer the program.

Contact

Lois Engstrom
ECFE Supervisor
Minnesota Department of Education
Phone: (612) 297-2441
Fax: (612) 297-5695

MISSOURI

The Initiative

Parents as Teachers

Parents as Teachers was established in Missouri in 1981 by the state's Department of Elementary and Secondary Education, with support from the Danforth Foundation, as a three-year pilot project in four school districts. In 1984, with the passage of the state's Early Childhood Development Act, Missouri became the only state in the nation at that time with a statutory mandate to provide parent education and family support services in each of its 543 school districts. Parents as Teachers is a home-school partnership designed to give children the best possible start in life and to assist parents in their role as their child's first teacher.

Parents as Teachers is based on the premise that a school's role in the early years is to help parents give their children a solid educational foundation. It also aims to minimize developmental problems that may interfere with learning.

The program includes the following basic services:

- Home visits by trained and certified parent educators;
- Group meetings for parents to share their experiences, common concerns, frustrations, and successes;
- Periodic monitoring and formal screening to ensure that youngsters do not reach age three with an undetected learning problem, handicap, or developmental delay; and
- A referral network for parents who need special assistance.

All Missouri parents with children up to age three are eligible for services, though special efforts are made to enroll at-risk families and parents with newborns. Since its inception, more than 100,000 families have participated.

Program funding reached $13 million in fiscal 1991. The state provides local school districts with a base payment for each participating family, with additional reimbursement available for families with more than one child below age three. State funds also are provided for developmental screening of one- and two-year-olds. The program has been supported with $1 million from the Danforth, Ford, and other foundations during the last decade.

The program now is expanding to serve parents through child care centers, special programs for teen parents, and a collaborative project with a team at the St. Louis Children's Hospital neonatal unit. It is being adapted to accommodate employed parents at the work site, residents of housing projects, Native Americans, teen parents, military families, and families making the transition from homelessness.

A 1981-1985 research project assessing the impact of the program revealed substantial gains for the seventy-five participating families, compared with a control group. Among the key findings were that at age three, children were:

- Significantly more advanced in language development;
- Significantly ahead in problemsolving and other intellectual abilities; and
- Significantly advanced in demonstrating coping skills and positive relationships with adults.

Parents as Teachers has been duplicated and adapted widely across the country; programs based on the model are now operating at more than 870 sites in Missouri, thirty-seven other states, and the District of Columbia.

In 1987 the Parents as Teachers National Center, located at the University of Missouri at St. Louis, was established to foster the development of Parents as Teachers programs nationwide.

Contact

Ruth Flynn
Director
Early Childhood Education Section
Missouri Department of Elementary and Secondary Education
Phone: (314) 751-2095
Fax: (314) 751-9434

PENNSYLVANIA

The Initiative

A Bright Beginning

"A Bright Beginning" is a ten-page booklet for new parents that teaches the skills necessary for good parenting, infant care, and nutrition. It also includes an insert that lists resources in the parent's community.

Available in both English and Spanish, it has been published by the Department of Public Welfare since 1989. The three Pennsylvania chapters of the National Committee for the Prevention of Child Abuse (NCPCA) distribute it to mothers with newborn babies prior to being discharged from about forty hospitals in western and Central Pennsylvania, Lancaster County, and the Philadelphia area. Since 1989, 40,000 new mothers have received parenting support through the publication.

The publication is one of the products developed by the Child Abuse Prevention Planning Committee, which is composed of representatives from state agencies, Parents' Anonymous, the Pennsylvania Coalition Against Rape, and the three chapters of NCPCA, and includes state legislators.

To date, the publication has been funded with $150,000 in state dollars, and $300,000 in federal Challenge Grant Program funds, authorized under Title II of the Child Abuse Prevention and Treatment Act (PL 100-294). NCPCA recently received a $600,000 grant from the Pittsburgh Foundation to substantially expand the project over the next three years.

Contacts

Sandra Gallagher
Children and Youth Policy Specialist
Office of Children, Youth, and Families
Pennsylvania Department of Public Welfare
Phone: (717) 787-3984
Fax: (717) 787-0414

(for more information about the federal Challenge Grant Program):

Emily Cooke
National Center on Child Abuse and Neglect
U.S. Department of Health and Human Services
Phone: (202) 245-0696

SOUTH CAROLINA

The Initiative

Target 2000: Parent Education

The Parent Education initiative is an integral component of South Carolina's Target 2000: School Reform for the Next Decade, which was enacted into law in 1989.

Twenty-one pilot parent education projects currently are operated by local school districts, largely in rural areas and just outside cities. Funded at about $80,000 to $90,000 each, the pilot projects were selected through a competitive grant process. Services are provided in most cases through a combination of home visits to families, activities for parents alone, and activities for parents and children together.

Programs are required to include:

- Recruitment of parents or guardians whose children—infants to five-year-olds—are at risk for school failure;
- Developmental screening for children;
- Adult education for parents who do not have a high school diploma or equivalent certificate;
- Support of the parents' role as the child's first and most important teacher; and
- Evaluation of program effectiveness.

Upon approval of a grant submitted by the school district, the South Carolina Department of Education provides support services to assist with planning and implementation.

The programs are funded with state revenues generated through a one-cent sales tax that supports education programs.

For example, the Impact Model for Parent and Child Training (IMPACT) of the Greenwood School District receives a $74,000 grant and provides services to about 190 families with the following characteristics: 41 percent are single parents; 20 percent have incomes below $5,000; 40 percent of the mothers and 38 percent of the fathers did not graduate from high school; and 37 percent of the children are not ready for first grade. Parents are given transportation and child care so they can attend parent education activities and adult education programs. Home visits are made to families not able to attend the workshops, and diagnostic screening is available to measure, for example, language and hearing development.

A Building Block of the Union County School District receives a $91,700 grant to provides services to any family with children up to age five living in the county. Parent education is conducted in part in a family learning center bus that travels into the communities. The bus has accommodations for the entire family, including a children's activity area, a computer workstation, and a toy library. Through the Welcome Baby Program, a parent educator visits the homes of all participating parents with newborn babies. Parents receive a Welcome Baby bag that includes detailed educational and developmental information and baby gifts. Through a Take Home Computer Program, parents can keep a computer in their home for up to four months. Appropriate software is determined by the parent educator.

Contact

Bunny Mack
Education Associate
Parent Involvement
Office of Partnerships
South Carolina Department of Education
Phone:803/734-8477
Fax:803/734-8624

3.

School-Based Services

Introduction

Schools have become a natural source of support for students and their families. Whether it is to participate in a school play, compete in an intramural soccer match, access a school-based health clinic, or receive a free hot lunch, students and their families look to schools to provide far more than educational opportunities.

Schools often fill a special need in the community. An example of this occurred recently during the 1992 riots in Los Angeles. Hundreds of acts of vandalism were committed yet none were directed toward schools. Following the riots, schools in cities such as Oakland were credited with avoiding subsequent unrest by providing opportunities for students and their families to vent their anger.

As outside forces change the structure of the American family, it is not surprising that schools—and educators—are being called upon to relieve some of these pressures by providing a wide variety of services that go far beyond simply educating students.

States have recognized the need to assist and encourage schools to meet these new challenges. While the scope and purposes of the initiatives vary, the success of a wide array of school-based programs demonstrates that schools can be effective providers of more than educational services. In addition, many educators argue that students cannot succeed in school if they are hungry, sick, or concerned about troubles at home.

This chapter highlights effective school-based programs that provide comprehensive health and human services to students and their families through the educational system. The common key to success in developing such programs is to ensure community involvement by providing maximum flexibility and decisionmaking authority at the local level.

ARKANSAS

The Initiative

School-Based Health Clinics

In 1987 members of the Lincoln School Board called on the immunization clinic in their school to expand its services to respond to another crisis in the community—the substantial rise in the number of teens becoming pregnant. The board reasoned that such a clinic could effectively serve as a source of reproductive health information for students.

One year later, the clinic was providing reproductive health counseling and contraceptives for students. The result was a decline in the number of teen pregnancies among students in the school.

Following this success, other schools in the state expanded the services offered by the immunization clinics to offer reproductive health services. Decisions about whether to expand services and about the nature of such services are left to the discretion of local school boards.

Today, twenty-one comprehensive health clinics operate in Arkansas schools. Under the agreements, the school provides space and supplies. The operation of the clinic and its staff are fully controlled by the local school board. This authority to coordinate and control services was granted under a recent legislative initiative. In addition to school board approval, all clinics require that students have a signed parental consent form to obtain services.

Some of the clinics offer some form of reproductive counseling. Four clinics actually distribute contraceptives—three during school hours and one after school.

On average, it takes about one year to bring a clinic into service. The state recommends that the school initiate the process of opening a clinic during the summer recess. Modifications can be made to the facility during the summer months, and parental consent forms can be collected as part of the regular registration process for the upcoming school year.

The clinics are funded through local, state, federal, and some private foundation monies. No state dollars can be used to purchase contraceptives for distribution in the schools. Fees are not charged for the services provided to students, though Medicaid funds are applied as appropriate.

Contact

Becky Williams
Director
Child and Adolescent Health Division
Arkansas Department of Education
Phone: (501) 661-2377
Fax: (501) 661-2055

HAWAII

The Initiative

A+ After-School Program

In Hawaii, there is a tremendous, statewide demand for quality, affordable day care. With the leadership of the Governor, the state launched a school/community-based child care initiative to reduce the incidence of latchkey children. The A+ program is designed for children of parents who are employed or enrolled in a job training program. There is no income restriction for eligibility. The child care services are available from the end of the school day until 5:30 p.m. during the regular school year. Students receive help with homework, participate in enrichment activities, and enjoy supervised recreational activities.

A+ is available at all elementary school sites for public school children enrolled in kindergarten through grade six where more than twenty students are eligible to participate. Because parents pay only $25 per month for the services, the program is affordable to low-income families. Students who qualify for free or reduced-price school lunches are eligible for a waiver of the fee. Beginning in the fall of 1992, the monthly fee will be raised to $28.

The A+ program is administered by the state Department of Education, which either contracts with child care providers or provides services directly. During the 1990-91 school year, more than 22,000 children were served by the program.

The state provides more than $15 million annually in funding, with fees from children adding another $2.7 million in each school year. In some cases, schools provide in-kind services such as the facilities and personnel.

Contact

Kathleen Ka'iulani de Silva
Director
Hawaii Governor's Office of Children and Youth
Phone: (808) 586-0110
Fax: (808) 586-0122

KENTUCKY

The Initiative

Family Resource Centers and Youth Service Centers

KIDS has been made an integral part of many of the state's new family resource and youth service centers, which were created under the Kentucky Education Reform Act. The centers will be phased in over a four-year period in schools where at least 20 percent of the students qualify for free school meals. However, once the center is established, services must be made available to all students and their families. Family resource centers will serve children up to age twelve, and youth service centers will serve students ages twelve and older.

The Interagency Task Force on Family Resource and Youth Service Centers identified the following guiding principles for the centers:

- All children can learn and most can learn at high levels.
- An atmosphere should be created that empowers students to acquire a quality education.
- The centers should employ an interagency focus in all aspects of operation.
- The community should be involved in center development and operation to ensure ownership.

Core service components mandated by state law include family crisis and mental health counseling; drug and alcohol abuse counseling; summer and part-time job development; employment counseling; job training and development; health and social services; full-time child care for two- and three-year-old children, and a Parent and Child Education Program. Centers sometimes provide services directly but more often refer students and families to one or more existing service agencies. For example, employment services might include referral to a Job Training Partnership Act (JTPA) or Job Opportunities and Basic Skills (JOBS) Training program.

More than 1,000 schools are eligible for a center. In the 1991-92 school year, 133 centers were established with the $9 million appropriation. Because several centers serve more than one school, 232 eligible schools are being served.

Contact

Ronnie Dunn
Branch Manager
Family Resource and Youth Service Centers
Kentucky Cabinet for Human Resources
Phone: (502) 564-4986
Fax: (502) 564-6108

The Initiative

Kentucky Integrated Delivery System

The Kentucky Integrated Delivery System (KIDS) was developed by the Kentucky Department of Education and the Kentucky Cabinet for Human Resources to avert problems that might prevent a student from staying in school. By ensuring early awareness and early intervention when a child faces a personal or family crisis, the child is more likely to remain in school.

Initiated as a pilot program in 1988, KIDS was developed through an interagency coordinating group composed of representatives from both the education department and human resources cabinet. Fourteen pilot sites were chosen to ensure a mix of urban and rural districts, as well as independent and countywide school systems. By the end of the 1991-1992 school year, the program had expanded to include thirty school systems.

Within the Kentucky Department of Education, the Community Education/Family Support Branch assists communities in developing interagency policies and establishing working relationships with local agencies. Included in the agreements negotiated with the participating service agencies are provisions for ensuring that they comply with state confidentiality laws. Participating agencies include the local offices of the Department of Social Services and Department for Social Insurance, local mental health and health departments, the Juvenile Service Division of the court, and community-based service organizations.

Services such as parent and child education, health and social services, employment counseling, and job training and placement are provided by school personnel, social workers, employment service staff, mental health counselors, and public health professionals in space provided by the schools. Because the program is designed to restructure the existing service delivery system, no new funds are required for this effort. By improving communication among the human service agencies, existing resources are being used more effectively and information regarding clients is being shared more frequently.

Contact

H. Gippy Graham
Project Director
Community Education/ Family Support Branch
Kentucky Department of Education
Phone: (502) 564-6117 or (502) 564-8765
Fax: (502) 564-6952

MICHIGAN

The Initiative

Teen Health Centers

Through its Department of Public Health, Michigan currently supports nineteen teen health centers. By seeking local input and community involvement in program design and by emphasizing flexibility in providing health services to teenagers, the centers have successfully provided access to professional and affordable primary and preventive services to more than 14,000 teens in rural and urban areas.

Located in schools or within walking distance of schools, the teen health centers provide comprehensive health services including general medical support; chronic disease management; substance abuse, counseling, and treatment; health promotion; and other preventive services. The decision to offer family planning services is left up to the local community. The majority of the teen health centers provide some sort of family planning services, though none offer abortion counseling or referral services. Open on evenings and weekends, the teen centers make care readily available to adolescents.

The state annually contributes $2 million to the project. Each center is awarded from $100,000 to $150,000. The remaining operating funds come from the community, including cash, in-kind contributions, and fee-for-service charges. On average, each center receives $40,000 from in-kind contributions.

Each center takes about one year to develop. The process begins with the organization of an advisory committee of parents and local school officials. To receive funds, the committee must submit a proposal that includes an assessment of the area's adolescent health needs. All decisions about the center, from the location to the types of services that will be offered, are made by the advisory committee.

In 1991 more than 16,600 students turned to the clinics to meet their health needs. Because of fiscal restraints, the state has been unable to create new centers; however, the number of students served over the years has continued to increase.

Contact

Denise Holmes
Chief
Office of Policy, Planning, and Evaluation
Michigan Department of Public Health
Phone: (517) 335-9371
Fax: (517) 335-8560

MISSOURI

The Initiative

Caring Communities

Caring Communities is an integrated service delivery system operating in two Missouri communities. It is funded through a consortium that includes the departments of Health, Mental Health, Social Services, and Elementary and Secondary Education, and the Danforth Foundation. The initiative reflects a new way to provide services to children and families, and represents an alternative to simply providing additional funds for existing programs. Caring Communities attempts to remedy problems that have often plagued previous programs, including cultural insensitivity, regulatory barriers, and failure to recognize the family as a potential service unit. The initiative involves two separate sites, at the Walbridge School in St. Louis and in Knox and Schuyler counties in northeast Missouri.

Both initiatives are community-based and are governed by an advisory board made up of neighborhood parents, school principals, teachers, community leaders, and agency directors and representatives. The services offered by the programs reflect the needs and the resources available in each community.

The Walbridge Caring Communities Program (WCCP) offers both preventive and treatment interventions. It is careful to respond to the ethnic diversity of the community in its activities. Services include academic tutoring, drug and behavior modification, recreation, child care, and employment assistance. Some of the services are provided in classrooms, while others are delivered in families' homes. Students are referred by teachers based on the referral criteria developed by the WCCP Advisory Board. Since its creation in May 1989, the program has served several hundred children. Initial funding provided by the state was about $540,192.

The Northeast Missouri Caring Communities Program (NMCCP) was slower to develop than was WCCP. In part this was due to a delay in site selection. As a result of the needs assessments for the two-county area served by the NMCCP, priority is given to prevention programs. In addition, because of the strong community belief in self-reliance, efforts are made to destigmatize those who use publicly provided services. The state provided $262,539 for program start-up.

Contact

Christine Rackers
Statewide Prototype Coordinator
Missouri Department of Social Services
Phone: (314) 526-3582
Fax: (314) 751-7598

NEW HAMPSHIRE

The Initiative

Child Care for School-Age Children

In response to the substantial need for access to quality school-age child care, New Hampshire targeted $57,000 of its fiscal 1991 federal Dependent Care Development Block Grant to develop school-age child care centers (60 percent) and a school-age child care referral network (40 percent) to help parents fully access such services.

As in other states, New Hampshire reports that it has a large number of working low- and middle-income parents who must rely on multiple, often substandard, and overlapping child care services. Existing referral organizations report consistent shortages in school-age child care programs. In 1990 there were about 3,000 licensed school-age slots for more than 100,000 children with working parents—only one slot for every thirty-three children.

In a March 1992 report, the state Department of Health and Human Services stated that, "More than 150,000 ... school-age children return home from school to unsupervised or semi-supervised care arrangements, which places them at serious risk of physical injury, substance abuse, crime, [dropping out of school], and gang recruitment."

The department also found that school-age child care providers were inadequately trained and minimally compensated. Turnover was estimated to be more than 50 percent among these workers.

With multi-year funding, the state:

- Developed and distributed a resource manual on how to set up school-age child care programs;
- Mobilized statewide interest in establishing a school-age information and referral network;
- Provided small grants to community agencies to improve, expand, or establish school-age child care programs;
- Established an automated statewide child care resource and information directory for all child care, including school-age programs;
- Continued providing technical assistance to school-age programs; and
- Established a statewide School Age Council.

While the gap between school-age child care need and supply remains, recent progress has been encouraging, and the state plans to continue efforts to develop new programs. By linking current providers—many of whom currently offer such services in their homes—with schools willing to provide space, the state can increase the supply of care for school-age children without a substantial investment of funds. The School Age Council is a critical component of the state's effort to increase both capacity and quality in school-age child care.

Contact

Kathleen Sgambati
Assistant Commissioner
New Hampshire Department of Health and Human Services
Phone: (603) 271-4602
Fax: (603) 271-2896

NEW JERSEY

The Initiative

School-Based Youth Services Program

The New Jersey School-Based Youth Services Program (SBYSP) provides adolescents, especially those with problems, the opportunity to complete their education, obtain skills that lead to employment or additional education, and lead a mentally and physically healthy life. Twenty-nine programs currently are operating in New Jersey; at least one site is in each of the state's twenty-one counties. These sites are located in or near schools and provide students with one-stop shopping for services. Sixteen sites are in schools, and thirteen are located close to a school.

Grants for SBYSP are offered only to communities that show support through a broad coalition of participants that includes local community groups, teachers and parents, businesses, public agencies, nonprofit organizations, students, and local school districts. Applications are jointly developed and filed by a school district and one or more local nonprofit organization or public agency.

Strong community involvement has enabled SBYSP to meet the needs of participating localities. The Department of Human Services imposes no single statewide model. However, all projects must provide mental health and family counseling and health and employment services. All services must be provided on site.

SBYSP sites serve adolescents between the ages of thirteen and nineteen, many of whom are at risk of dropping out of school, becoming pregnant, using drugs, developing mental illnesses, or becoming unemployed. SBYSP sites also serve those most at risk of becoming long-term state assistance recipients. The sites are available when students need them—during the school day, after school, on weekends, and during the summer months.

Each site offers a comprehensive range of services, including crisis intervention; individual and family counseling; primary and preventive health services; drug and alcohol abuse counseling; employment counseling, training, and placement; summer and part-time job development; referrals to health and social services, and recreation activities. The recreation activities often draw students who will use other services once they become familiar with the staff and the opportunities provided. In addition, some sites offer day care, teen parenting support, job training, special vocational programs, family planning, transportation, and hotlines. Parental consent is required for all SBYSP services.

In 1988, the first year of the program, $6 million was authorized as part of the annual state appropriation. On average, each site receives $200,000 per year. Host schools contribute 25 percent toward the cost of the program either through in-kind services, facilities, or materials. That same year the Department of Human Services also contributed funds from a federal Youth 2000 grant to help pay for technical assistance to project participants and to continue to link human services with education for non-SBYSP funded communities.

In 1991 the program was awarded one of the annual innovation awards given by the Ford Foundation and Harvard University's John F. Kennedy School of Government.

The Department of Human Services also augments the program by coordinating existing service programs. For example, the department seeks to certify schools as Medicaid providers so that funds can be used for serving qualified students.

The sites are perceived to be politically neutral and well managed. For these reasons, they often serve as a magnet for businesses or community-based programs interested in serving youth.

More than 14,000 students will sit down with a counselor at a SBYSP in 1992. An estimated 7,000 to 8,000 more will participate in other program activities.

Contact

Roberta Knowlton
Director
New Jersey School-Based Youth Services Program
Department of Human Services
Phone: (609) 292-7816
Fax: (609) 984-7380

TENNESSEE

The Initiative

Twenty-First Century Challenge Plan

Tennessee is reaching out to meet the academic and child care needs of its communities. As part of the Twenty-First Century Challenge Plan, the state has devised a series of programs to address student needs through the maximum use of school facilities, personnel, and resources.

After asking local school districts to fully assess the needs of their students, it became clear that communities across Tennessee could benefit from additional child care services that could be provided by schools. Those students who needed extra assistance in courses looked to the schools for opportunities for remedial assistance. In districts where there was not time in the regular school day for advanced placement or other courses to enrich gifted students, there was a call for a program to be offered outside the regular school day. And across the state, working parents—many of them single parents—looked to the schools for before and after care as well as summer programs for school-age children.

The state has provided more than $27 million in funding for extended contracts to provide the services identified through the community/school assessment process. All 139 school systems in the state are eligible to participate. In school systems that have identified school-age child care and educational enrichment as a need within their communities, extended contract positions may be used to develop and administer school-age child care programs.

In addition, the state has provided one-time start-up grants ranging from $1,000 to $5,000 to schools to initiate school-age child care programs. These dollars were drawn from various federal grant programs. The schools agree to provide and maintain the facilities, and because the students are already on site, additional transportation costs are avoided. The start-up funds from the state permit the district to initiate but not operate the program. However, once in operation, the program becomes self-supporting through minimal family fees that range from $10 to $40 per week. While many families are unable to find or afford private child care programs, the in-kind contributions from the schools make the programs accessible and affordable to parents.

To further encourage schools to offer such programs, legislation was enacted in 1989 that placed full regulatory responsibility for school-based child care programs within the Department of Education. Because schools have the responsibility for students during the school day, it seemed appropriate to extend their authority to care for students in the hours before and after school.

Contact

Jan Bushing
Director
School-Age Child Care Initiative
Tennessee Department of Education
Phone:(615) 741-0345
Fax:(615) 741-6236

4.

State-Level Restructuring

Introduction

To improve services to families and children, Governors have initiated a wide range of comprehensive broad-based strategies, which in many cases encompass individual programs described elsewhere in this report. These approaches include:

- Creating advisory boards or commissions with representation from state, local, community organizations, and, in some cases, private industry to offer recommendations for improving services to children and families;
- Consolidating services and/or policymaking related to families in a single state agency; and
- Restructuring the state's social welfare systems. In many cases, family preservation programs, which are described in Chapter 5, have provided the foundation for, or have spurred the restructuring.

While different in their strategy and scope, the initiatives are designed to address families holistically through preventive measures that are based, almost without exception, on one or more of the following principles, outlined by Frank Farrow of the Center for the Study of Social Policy:

- Services should reflect an ecological approach, viewing children in the context of their families and families in the context of their communities.
- Services should empower families.
- Services should be both comprehensive and flexible in meeting the needs of children and families.
- State services should place greater emphasis on preventive and development services that support families earlier and seek to avert crisis situations.
- Services should involve local communities in service design, delivery, and governance, rather than centralize decisionmaking at the state level.
- Services should be more outcome-focused.

Some of the initiatives profiled in this chapter represent steps along a continuum to improve family functioning and well-being. For example, several Governors have convened advisory boards or commissions to develop recommendations for state reform. To implement the recommendations, they have created consolidated agencies to ensure that services delivered to families and children are integrated and comprehensive. Restructuring or retargeting the state's social welfare systems frequently is the ultimate result of both of these earlier efforts.

Examples of state strategies to improve services to families and children abound. The National Association of School Boards recently identified collaborative commissions, agencies, or restructuring activities in forty-seven states and two territories.

Reform efforts are motivated by the increased costs states face in providing services to at-risk families; the recognition that traditional approaches are not adequately addressing the multiple and often interrelated needs of families and children; and the realization that until families and children are well-educated and ready to work, the nation's productivity and world economic position will suffer.

ALASKA

The initiative

Family-Centered Services

Alaska's Department of Health and Human Services recently adopted a family-centered philosophy of service delivery with the mission of "protecting children, adults, and communities by strengthening families." In January 1992 a start-up committee made several recommendations to facilitate implementation. The department is currently planning or developing:

- A statewide and regional task force and charter to refocus services and funding toward strengthening and maintaining the family unit whenever possible;
- Orientation and training of agency staff;
- A marketing and media campaign;
- A research and evaluation component; and
- A caseload reduction work group.

Family-centered services are designed to create and maintain a balance of culturally appropriate, community-based resources. The goal is to provide services to protect and rehabilitate vulnerable children and adults in a manner that supports and strengthens families. Resources are focused on assisting families in regaining or maintaining their autonomy, reducing the need for and/or the duration of out-of-home placements, and providing safety and permanence for vulnerable children.

Services are based on the following values:

- Safety of children, adults, and the community is paramount.
- Each person in the family has the right to be safe.
- Children do best in their own families.
- Each person has a right to his or her own cultural identity.
- Communities have a responsibility to help families stay together.
- Services should be culturally sensitive, maintain cultural integrity, and recognize cultural strengths.
- Knowledge of their family history is important to children in their development of identity.
- Self-determination is important for families and adults.

Thus far, the implementation of family-centered services has been accomplished through a refocusing of existing resources without the appropriation of new funds.

Contacts

Deborah Wing
Director
Alaska Division of Family and Youth Services
Phone: (907) 465-3191
Fax: (907) 465-3397

Vicki Koehler
Program Coordinator
Alaska Division of Family and Youth Services
Phone: (907) 465-3633
Fax: (907) 465-3190

CALIFORNIA

The Initiative

Office of Child Development and Education

Recognizing that the state needs an agency to focus on the whole child, including his or her interactions with the education, health, and all other state and local systems, the Governor has proposed the establishment of a cabinet-level Office of Child Development and Education. Consolidating services related to health, early childhood education, child care and child development, elementary and secondary education, and postsecondary education, the office represents a sweeping reorganization of state government services for children and reflects the Governor's belief that cabinet status highlights the importance of children.

The Governor's rationale for the agency is that, "More and more children are falling through the cracks in California. They are increasingly poor, hungry, abused, and emotionally disturbed. They enter the school system unready and unable to learn, with little chance of succeeding in life. California must begin examining the well-being of children inside and outside the classroom, to meet their needs while they are young and prevent the kinds of chronic problems that lead to lifelong dependency on state programs for health, welfare and corrections."

The Office of Child Development and Education will streamline services currently provided through 160 children and youth programs that are administered by thirty-seven entities across seven state agencies. Although the bill formally authorizing the new cabinet agency is still pending in the legislature, the office currently plays an advisory role to the Governor. Once it is statutorily authorized, it will administer programs in addition to advising the Governor and developing policy on all issues affecting the lives of children in California.

The office received $1.8 million in the 1991-92 budget. For 1992-1993 $2 million was proposed.

Contact

Maureen DiMarco
Secretary
California Office of Child Development and Education
Phone: (916) 323-0611
Fax: (916) 323-7132

COLORADO

The Initiative

Strategic Plan for Colorado Families and Children

Recognizing that the family is the bridge to a successful Colorado, the Strategic Plan envisions a better future for the state's families and children, sets measurable objectives for the systems that can make this vision a reality, and articulates mechanisms to achieve systemic change. The plan is an outgrowth of Colorado's participation in the State Policy Academy on Families and Children sponsored by the Council of Governors' Policy Advisors, and firmly establishes that the role of government is to help families build on their strengths.

Designed to make the state's systems—education, human services, and economic—more capable of increasing families' capacity to carry out critical functions, the Strategic Plan involved three phases, which culminated early in 1992 with the implementation of the policy reforms.

Community Forums. During the summer and fall of 1991, the Governor and First Lady, the Decade of the Child Coalition, and the Public Service Company of Colorado sponsored seven regional forums around the state that were cosponsored and conducted by local planning committees. The forums gave the citizens of Colorado the opportunity to comment on the draft plan, identify additional system problems, and suggest changes to improve services to families and children. More than 1,200 individuals participated statewide.

Policymaking. Created by executive order, the Commission on Families and Children advises the Governor on the development and application of policies and positions on families and children. Serving as a link between state government and other sectors, the commission includes thirty members representing government employees, elected officials, the private sector, citizens, parents, and children's advocates.

The Families and Children Cabinet Council is the state government entity vested with the authority to change the way government operates. Its members include the cabinet heads of the key child- and family-serving departments. The council was charged with developing a model of collaborative decisionmaking that can be used when issues impact two or more departments.

To help staff the Commission on Families and Children and the Families and Children Cabinet Council, several policy staff from the Governor's Office were assigned to a families and children team.

Program Budgeting. An analysis of the existing state budget clearly demonstrated that the largest portion was dedicated to services and programs for families and children. With the exception of education dollars, however, most of the funds were being spent on services that began long after a problem had occurred. The analysis also revealed that several agencies frequently were providing similar services to similar clients. For example, 121 programs serving families and children were provided through nine different state departments.

The new program budget reflects a reallocation of dollars to achieve the state's vision for families and children with an increased emphasis on prevention and early intervention. To achieve the policy priorities of the Strategic Plan, the budget cuts across departmental lines, making use of all available funds regardless of the source.

System Accountability. To evaluate the accountability and effectiveness of state programs, a new system of outcome measures will access progress toward increased family functioning and children's well-being. The system also reflects the overriding belief among policymakers in and outside of government that demonstrated improvements should determine continued funding to programs.

Contact

Donna Chitwood
Deputy Director
Office of Policy and Initiative
Office of the Governor of Colorado
Phone: (303) 866-2888
Fax: (303) 866-2635

GEORGIA

The Initiative

The Family Connection

In 1990 the Georgia Boards of Human Resources and Education formed a Board Liaison Committee to study the problems of students who are clients of both the education and the human service systems. Of special concern were students at risk of alcohol abuse, teen pregnancy, AIDS, juvenile suicide, and poverty-related health and social problems. In the fall of 1990, the boards issued a joint resolution outlining their work and calling for the two boards to "encourage, promote, and aid in the development of local school-linked programs in which multiple independent agencies coordinate health and social services for children and youth."

The resolution inspired the related agencies to undertake two studies on risk factors for youth not completing school and for children being removed from their homes. The agencies developed a list of ten risk factors common to their shared clients, and concluded that a coordinated response from multiple public and private agencies was necessary to reduce the risk factors experienced by these students.

Consequently, in the 1991 state of the state address, the Governor called for the development of a comprehensive process to meet the needs of children and families at risk. The Family Connection process seeks to develop an integrated, family-centered framework for prevention and early intervention services. Collaborating in the effort are three state agencies (Education, Human Resources, and Medical Assistance); the Joseph P. Whitehead Foundation; the Georgia Academy for Children and Youth Professionals; and fourteen urban and rural communities.

The partnership developed a proposal to involve communities as model sites to experiment with providing integrated services at the local level. Fourteen sites were selected to participate based on the strength of the community coalition and the needs of the community. The initiative received $5 million from the Joseph B. Whitehead Foundation of Atlanta, a grant from the U.S. Department of Health and Human Services, and some state support.

As the model communities implement their service integration programs during the next few years, the partnership will evaluate them to identify what works. Based on the evaluations, the model community service delivery systems will be duplicated across the state.

Contact

James Freeman
Director
The Family Connection of Georgia
Phone: (404) 527-7394
Fax: (404) 527-7443

IDAHO

The Initiative

Family-Centered Services

In 1985 Idaho adopted a single statewide service delivery approach that is based on family-centered services and that focuses on families rather than individuals. Resources are directed toward assisting families in regaining or maintaining family autonomy. Services are intended to sustain, strengthen, and enrich the capacity of parents to meet the requirements of parenting, while ensuring the safety of all family members. They include case management, counseling, education, advocacy, and food, housing, or health care assistance.

The family-centered service concept is premised on three assumptions about families and children: The family should be the primary caretaker of its children; children need permanency in their family relationships for healthy development; and social services programs should make every effort to support the family.

The state identified a series of values and principles that, according to the administrator of the Division of Family and Children's Services, are "used as touchstones for everything we do. Whenever we want to initiate a service, we evaluate it against these principles. It helps us maintain a vision." The principles include:

- Intervene only when absolutely necessary, with all relevant members of the family if possible;
- Seek long-term solutions with the family;
- Separate family members only if they are imperiled by the presenting circumstances; and
- When out-of-home placement is necessary, ensure that the least restrictive environment is implemented with maximum family involvement and contact.

Prior to the development of a family-centered approach:

- Programs were rescue-based and rigidly administered;
- Services were provided to rather than with families;
- Services were symptomatic of linear thinking on funding and services;
- Staff were the experts, minimizing the expertise of the family in addressing its own problems;
- Considerable service gaps and duplication coexisted; and
- Out-of-home placement and removal rates were high.

Subsequent to the development of family-centered services:

- Family involvement has increased;
- The data system tracks information on families not individuals;
- Program administration is more flexible;
- Services are provided with rather than to families;
- Staff are the consultants for the family, who is the expert on its own problems;
- Service gaps and overlaps are diminished; and
- Out-of-home placement and removal rates are reduced significantly.

Contact

Ken Patterson
Administrator
Division of Family and Children's Services
Idaho Department of Health and Welfare
Phone: (208) 334-5700
Fax: (208) 334-6699

INDIANA

The Initiative

Step Ahead

Proposed by the Governor in the 1991 state of the state address and enacted that July by the Indiana General Assembly to meet goal one of the national education goals — to ensure that by the year 2000 every child will begin school ready to learn — Step Ahead represents a restructuring of Indiana's services to children from birth to age thirteen. Its goal is to provide a statewide, comprehensive, seamless service delivery system to ensure accessibility, affordability, and quality through the development of countywide service delivery systems. It is a collaborative model to ensure that all entities that affect the lives of children and families in Indiana measure all their actions regarding policy, funding, and services according to a common mission, thereby reducing redundancy, fragmentation, and duplication.

Step Ahead ensures a network of services to address the needs of the whole child. These include prenatal care, drug education, health screening, and child care for preschool and school-age children.

Federal and state funds comprise the budget for Step Ahead. For fiscal 1991 $17 million was dedicated to the effort. For fiscal 1992 $40.1 million was identified for the Step Ahead budget, which includes, in addition to state dollars, federal Child Care and Development Block Grant, Social Services Block Grant, Dependent Care, and Job Training Partnership Act (JTPA) funds.

To facilitate the state/local/business/education partnership that is central to Step Ahead, several entities have been established:

- The State Step Ahead Panel determines standards and guidelines for coordination and implementation at the county level. Membership includes six representatives from state agencies, five representatives from the private sector with knowledge in the area of childhood development, and four appointees from the state superintendent of public instruction.
- The State Advisory Council provides guidance to the panel and includes providers and consumers with expertise in the fields of health, education, child care, training, and employment.
- The Interagency Coordinating Council on Infants and Toddlers was appointed by the Governor and assists the Division of Family and Children in the development of early intervention services for infants and toddlers with disabilities.
- Local Step Ahead Councils are composed of individuals from each county who represent a broad array of child and family issues. These councils serve as the local governing board to monitor the state grant.

To facilitate the development of comprehensive service strategies at the local level, the state provides funds to each county's local Step Ahead council. The council conducts a needs assessment and develops a plan for the use of all available federal, state, and local funds relating to the needs of young children and their families.

As part of Step Ahead, a number of other projects have been implemented, including:

- The state of Indiana has entered into a partnership with public broadcasting stations to provide professional knowledge about child care and education to child care personnel statewide.
- The Indiana Department of Workforce Development and Step Ahead developed a cooperative agreement to provide training opportunities for JTPA-eligible individuals in the field of early childhood development.

Within the first nine months of the program, all ninety-two of Indiana's counties had volunteered to participate in the Step Ahead process, completing this part of the agenda significantly ahead of schedule.

Contact

Peg Smith
Director
Step Ahead Program
Indiana Division of Family and Children
Phone: (317) 232-1144
Fax: (317) 232-7948

IOWA

The Initiative

Child Welfare Decategorization Project

In 1987 the Iowa legislature authorized the Department of Human Services to develop new ways of financing child welfare services through a demonstration project. Analysis of the state's service system revealed a collection of categorical funding streams and programs in which children and families received services not based on their needs but slotted to fit specific funding requirements. In the two counties, the traditional child welfare funding streams were consolidated into a single, child welfare fund. The purpose of the fund was to develop family-centered, prevention-oriented, and community-based services that are not restricted by traditional definitions and funding limitations, but are driven by the needs of the client. The project is closely connected to the state's family preservation program, described in Chapter 5.

Decategorization evolved from a recognition by child welfare leaders and state policymakers that during the 1980s foster care placement rates increased by 40 percent, at a time when the child population declined by only 8 percent. The increase in placements and the accompanying increase in costs to the state, coupled with the steady erosion of the available foster care resources created a climate for investment in family preservation. While developing the family preservation program, it became apparent that the funding system placed constraints on investing in placement-prevention services and, in fact, offered the greatest federal funding by placing families in out-of-home placement.

Decategorization is a locally based planning strategy supported by state-level technical assistance. Each of the counties must:

- Merge the county's share of various funding streams into one child welfare fund;
- Establish a joint governance structure including the local department of human services, juvenile court, and county board of supervisors;
- Develop a community service plan;
- Develop methods to ensure that no more funds are spent under the new model than would have been spent under the traditional system; and
- Reduce reliance on expensive placements so that cost savings can be retained locally to reinvest in community services.

The goals of the project are to:

- Enhance the availability of family-centered preventive services;
- Encourage local ownership of child welfare services;
- Deliver services driven by client needs instead of categorical criteria; and
- Spur the development at the state and local level of accessible, community-based services.

Innovative features include:

- Local control and autonomy in service design and operation in contrast to a centralized, process-laden system;
- Authority to retain savings and reinvest in local community services; and
- Decisions on service priorities are made locally.

Five counties currently are involved in the project; each will participate for at least a three-year demonstration period.

Contact

Federico Brid
Division Administrator
Adult Children and Family Services
Iowa Department of Human Services
Phone: (515) 281-5521
Fax: (515) 281-4597

MAINE

The Initiative

Interdepartmental Council

Interdepartmental collaboration has been evolving in Maine since 1977, when the state legislature mandated the Department of Human Services, and what was then the departments of Mental Health and Corrections, to work together on the development of a long-term, coordinated policy for child and family services. A direct result of that effort was the establishment of the Interdepartmental Council (IDC). IDC is responsible for developing, supporting, and evaluating programs to improve the mental health of Maine's children, in the least restrictive and most appropriate settings possible, through prevention, early intervention, family and community support, and treatment activities.

IDC has been successful in improving services for children by minimizing duplication and bringing together all the key participants in the state's service delivery system for children and families in need. The collaborative system for the planning and delivery of services to children and families has been recognized in numerous studies as an effective alternative to a single agency. IDC has been instrumental in managing the network of out-of-home placements for children and in establishing and supporting in-home services for families whenever feasible.

IDC's membership consists of the commissioners of the departments of Human Services, Corrections, Education, Mental Health, and Mental Retardation. The council, staffed by a full-time director, is organized into a committee structure that facilitates the process of developing coordinated, comprehensive services. In addition, other departments, such as Public Safety and Administration, participate on an ad hoc basis as issues of mutual concern arise.

The Children's Policy Committee, among the largest of the committees, includes the directors of state agencies that are involved with issues of children and families. This committee is charged with coordinating interdepartmental policy and research efforts related to children and families.

IDC also includes a Children's Residential Treatment Center Committee, which is composed of representatives from each department that places children in residential cente[illegible]overned by an advisory group made up of members from every residential treatm[illegible]center in the state, as well as representatives from mental health centers, the committee is charged with creating a continuum of services for children in residential centers.

Historically, the chairmanship of the Interdepartmental Council has rotated among the member agencies on an annual basis. This gives each agency a unique opportunity to define IDC activities.

Contact

Meris Bickford
Director
Maine Interdepartmental Council
Phone: (207) 289-2546
Fax: (207) 626-5555

MARYLAND

The Initiative

Governor's Office for Children, Youth, and Families

Under the leadership of the Governor, Maryland is developing a new way of delivering services to families that requir[illegible]change at every level of its human service system. This new system shifts state spending from out-of-home and crisis care to services that are prevention-oriented and that build on the strengths of the family. In addition, the system shifts much of the decisionmaking from the state to local governing boards. The goal is to resolve family problems in the home and in the community, rather than to break up families and impose solutions on them.

In 1988 the state received a five-year, $7.5 million grant from the Annie E. Casey Foundation for the planning and start-up costs of the services reform initiative. In 1989 the Governor formally established the Subcabinet for Children, Youth, and Families and named a special secretary to chair the subcabinet and to head the Office for Children, Youth, and Families, a unit in the Executive Department.

In 1990 the legislature passed language that strengthened the Office for Children, Youth, and Families and laid out in general terms the new duties of that office. In addition, the budget included authorization for state agencies to pool placement dollars and use the funds flexibly in order to prevent placements.

State Reform Structure. The main responsibilities of the Office for Children, Youth, and Families are to:

- Establish state priorities for children, youth, and families;
- Develop interagency plans and budgets to serve families;
- Develop guidelines for and supervise local planning entities that will implement a local service delivery system for children, youth, and families; and
- Provide technical assistance to local entities.

Local Entities Structure. In June 1990 the Office for Children, Youth, and Families issued guidelines to local jurisdictions interested in participating in the initiative. The guidelines emphasized four initial goals:

- A shift from state to local planning, implementation, monitoring, and accountability;
- A reduction in the number of out-of-state placements;
- Prevention of inappropriate out-of-home placements on an interagency basis; and
- Redirection of funding streams and incentives from out-of-home placements to community-based services.

The boards of the local entities are appointed by the local governments and must have representatives from key local agencies, service consumers, and private citizens, including business people, advocates, and community leaders. Service consumers and private citizens must comprise the majority of the board. Through a competitive process, three local areas were chosen as model sites.

Fiscal Strategy. No new state dollars have been spent on the initiative, which is financed entirely from redeployed dollars. The financing strategy is based on the principle that funds should follow the child. Resources that would be spent on out-of-home care are contributed by each state agency and pooled at the state level. These funds are then allocated to each local entity based on its projection of the number of out-of-home placements it can avert. The dollars that would have been spent for these placements are calculated based on a three-year average cost of care. The local entities' budgets are thus based on their own needs assessments. For returning children from out of the state, funds are redirected based on actual expenditures.

Outcome Measures and Incentives. For the first time, local entities are being evaluated and their budgets are based on performance. Outcome measures are developed based on each local jurisdiction's estimates of the numbers of families it will be able to serve and the number of placements it will be able to prevent. If the local entity reaches its goals of reducing placements, serving the estimated number of families, and spending fewer dollars than otherwise would have been spent, the local board may keep 75 percent of the savings and use the funds for preventive services. The other 25 percent is returned to the subcabinet for providing preventive services identified as state priorities.

The total cost of the reform initiative is $8,760,400, including the Annie E. Casey foundation funding and redirected placement dollars.

Contacts

Donna Stark
Systems Reform Director
Maryland Governor's Office for Children, Youth, and Families
Phone: (410) 333-4285
Fax: (410) 333-6400

Nancy S. Grasmick
Special Secretary for Children, Youth, and Families
Maryland Governor's Office for Children, Youth, and Families
Phone: (410) 225-4160
Fax: (410) 333-5248

MINNESOTA

The Initiative

Action for Children Commission

In March 1991 Minnesota's Governor announced the formation of the Action for Children Commission, composed of representatives from the business, not-for-profit, and government sectors, and chaired by the First Lady and the vice president of US West. Reflecting the Governor's commitment to better the lives of Minnesota's children, the commission is charged with:

- Creating a vision for Minnesota's children and families;
- Recommending strategies to improve opportunities for children to reach their full potential;
- Developing measurements to assess progress;
- Recommending changes in the service delivery structure; and
- Creating and monitoring a public dialogue in the state to highlight children's needs.

To implement this agenda, the commission convened ten "Speak Out for Children" meetings around the state during the summer of 1991 to learn directly from Minnesotans about their concerns regarding children and youth. Although the primary intent of the meetings was to determine the state's role in achieving the vision for children, it became clear that state government cannot do it alone. Every individual and public, private, and nonprofit organizations must be involved. Two of the important lessons learned during the public forums were that while many services are effective and cost efficient, they often are designed to fix rather than prevent problems. Also, services often are provided with little understanding of the family's cultural or ethnic background.

To convey its findings to the Governor and the residents of Minnesota, the commission released in the spring of 1992, *Kids Can't Wait*. Asserting that, "While life is good for many Minnesota children, more and more children are not flourishing here," the report highlights that:

- One in five Minnesota child lives in poverty;
- From 1979 to 1989 poverty increased 78 percent;
- Sixty-five percent of the 50,000 Minnesota families that turned to food banks for help in 1990 included children below age eighteen; and
- Minnesota's African-American and American Indian children are much more likely to die before age four than are white children in the state.

To monitor its progress, the commission developed seventeen goals. They include:

- Increasing the percentages of women receiving prenatal care in the first trimester, children adequately immunized, children receiving child support, infants with established paternity, and children and youth in school-based services;
- Decreasing the numbers of low-birthweight babies, youth using alcohol, and children and youth of color who worry about racial discrimination; and
- Reducing the number of hours children watch television.

To help achieve its goals, the commission is:

- Convening a statewide meeting of business leaders and workers to develop guidelines for family-friendly workplaces;
- Convening a task force to combat negative or inappropriate messages in the media;
- Integrating mentor programs and community service into all school curricula; and
- Integrating education, school, health, and social services for children of all ages.

Now that the initial study has been completed, the commission has formed a partnership with the newly formed Children's Cabinet to improve the well-being of children and youth in Minnesota. The commission will continue to build public awareness of the issues and work with individual communities to mobilize action on behalf of children and families.

The commission operates on a budget of less than $200,000; two-thirds comes from corporate and foundation donations, and one-third is contributed by related state agencies.

Contact

Marilyn Larson
Executive Director
Minnesota Action for Children Commission
Phone: (612) 297-5148
Fax: (612) 296-3698

The Initiative

Children's Cabinet

One of the commission's recommendations to the Governor was to establish a Children's Cabinet composed of ten agency commissioners. Independent from existing state agencies, the cabinet's mission is to improve the well-being of children and families in Minnesota by creating a flexible system for the comprehensive, unified, and effective administration of programs and services. The goal is to avoid fragmentation and duplication, and to facilitate cooperation among state agencies, local governments, and the private sector. Its tasks include creating a single, integrated children's budget and workplan; creating incentives for models of service delivery that encourage integration and innovation; and coordinating and overseeing interagency committees and projects.

Contact

Linda Kohl
Chair, Minnesota Children's Cabinet
Director, Minnesota Planning
Phone: (612) 297-2325
Fax: (612) 296-3698

NEW MEXICO

The Initiative

Task Force on Children and Family

Based on the recommendations of a task force chaired by the First Lady, in 1992 the legislature created a cabinet-level Children, Youth, and Families Department to combine service delivery and coordination and planning responsibilities for services to children and families. Ensuring that services for children, youth, and families are an enduring priority in the state, the department emphasizes prevention without jeopardizing essential treatment and early intervention services.

The task force recommending the department was charged by the Governor to study the needs of children and families; establish clear policies addressing the issues confronting children and families in the 1990s; plan a unified continuum of services to close gaps in services and avoid unnecessary duplication; and recommend the restructuring, reduction, and/or reorganization of current state services for family and children.

In addition to service delivery, the department is responsible for:

- Developing and guiding policies and plans for children, youth, and family services;
- Establishing priorities for state services and resources arising out of state and local planning processes;

- Developing decategorized flexible funding;
- Reviewing and commenting on the policies of all departments affecting children, youth, and families;
- Developing and maintaining a client-tracking database for children; youth, and family services;
- Developing and utilizing community and/or regional councils to establish community priorities and service strategies;
- Developing standards of service that focus on coordination, monitoring, and accountability;
- Developing a uniform system for access to services; and
- Developing common contracting procedures and service definitions.

Contact

Caroline Gaston
Administrative Assistant to the First Lady of New Mexico
Phone: (505) 827-3000
Fax: (505) 827-3015

NORTH DAKOTA

The Initiative

Children's Services Coordinating Committee

The Children's Services Coordinating Committee was established in North Dakota state law in 1987 to develop a plan to more effectively coordinate the delivery of services to children and adolescents at risk. Chaired by the lieutenant governor—the Governor's designee—the committee includes fourteen other members from state government.

The committee has adopted a system of care for at-risk children and adolescents and their families, which is a comprehensive spectrum of services organized into a coordinated network to meet the multiple and changing needs of these youth. More than a network of service components, the system of care represents a philosophy about the way services should be delivered to children and their families. The system of care consists of seven major components of service (mental health, social, educational, health, vocational, recreational, and operational services). Each component is intended to be function-specific, rather than agency-specific. All utilize the resources of a variety of agencies.

Thus far, the Children's Services Coordinating Committee has achieved two major accomplishments. It attained a grant from the Annie E. Casey Foundation for child welfare projects in 1988 and secured $2 million from the state legislature in 1991 for new services for children and adolescents at risk.

Contact

John Sauter
Coordinator
North Dakota Children's Services Coordinating Committee
Phone: (701) 224-3568
Fax: (701) 224-3000

OREGON

The Initiative

Coordinating Council for Children and Families

Oregon's Coordinating Council for Children and Families was created in 1989. It is charged with ensuring coordinated service delivery systems for children and families that incorporate cooperative partnerships among state agencies, family-centered services, methods of accountability, and outcomes.

The council receives no direct funding, but instead is supported by contributions from state agencies. Meeting monthly, its membership includes twenty representatives from state government who have responsibility for services to children and families. Among its members are the director of the Department of Human Resources, the superintendent of public instruction, and the director of the Community Children and Youth Services Commission.

The council has directed its efforts toward:

- Ensuring self-sufficiency for children and families;
- Enhancing parental involvement and family integrity;
- Reducing alcohol and drug abuse among Oregon children and families; and
- Improving coordination among state and local agencies.

Specifically, the council has focused on policies to support the economic viability of the family; ensure adequate and appropriate child care and health care; remove other barriers to self-sufficiency; improve the capacity of children to perform in the modern world by developing their decisionmaking ability and education skills; and keep children in school.

The Initiative

Oregon Community Children and Youth Services Commission

The Oregon Community Children and Youth Services Commission also was created in 1989, with the goal of establishing local commissions in every county. The Coordinating Council will implement a major portion of its mandate through the planning processes of the local commissions developed through the state-level commission.

Since 1989, the commission has passed several milestones. A comprehensive planning process—Great Start—is in place to integrate planning on the local level for services to children and youth from birth to eighteen years of age. Through the Great Start planning process, all thirty-six local commissions have examined community resources for children and families, identified service needs and priorities, and developed solutions.

Contact

Bill Carey
Administrator
Children's Services Division
Oregon Department of Human Resources
Phone: (503) 378-4374
Fax: (503) 581-6198

PUERTO RICO

The Initiative

Office for Child Services and Community Development

To offer more comprehensive and coordinated services, in 1991 the Governor of Puerto Rico established by executive order the Office for Child Services and Community Development to administer all services related to preschool children and their families through a single entity. The order provided the new agency with the administrative and fiscal flexibility necessary to offer services geared toward enhancing the development of Puerto Rico's children, adolescents, and families.

The office oversees the distribution of the Child Care and Development Block Grant and Head Start funds, operates twenty-two child care centers, and promotes public-private partnerships for the provision of child care to economically disadvantaged families.

In addition, the Office for Child Services and Community Development offers training and technical assistance for providers and resource and referral services for parents in need of child care. The agency is concentrating on developing a curriculum for day care centers with children below three years of age.

For fiscal 1992 the office is operating on a $78 million budget, including $38 million for Head Start and $22.5 million for the Child Care and Development Block Grant. It is serving 532,552 individuals.

Contacts

Carmen Julia Rodriquez
Assistant Director
Puerto Rico Federal Affairs Administration
Phone: (202) 778-0724
Fax: (202) 778-0721

Gladys Rosario-Acevedo
Executive Director
Puerto Rico Office for Child Services and Community Development
Phone: (809) 721-1331 or (809) 721-0388
Fax: (809) 721-2245

TENNESSEE

The Initiative

Children's Plan

The Children's Plan, initiated by Tennessee's Governor in February 1991, is an ambitious effort to fundamentally reform the philosophy and operation of the service delivery system for children and families. It is designed to make services more efficient, effective, and responsive to the needs of children and families. Behind the Governor's vision for the new system is a strong belief that services provided by the state should be family-focused and community-based and that families, not governmental agencies, are the best custodians for children.

The Governor's plan developed out of a growing concern on the part of the administration, the legislature, the judiciary, and advocates that the state's system of care for children was failing. Each of these sectors has been involved in a concentrated. cross-sector effort to examine and improve the state's response to children and families in crisis. They have learned that frequently children are placed inappropriately in the state's care. Moreover, they have learned that services are determined not by the needs of the child and family or by the most cost-effective alternative, but rather by where there is money at the time a child enters the system. While improvements have been made over the last decade, each change has re-emphasized the need for a comprehensive, ambitious reform of the entire system.

The following are the goals of the plan:

- **Reduce the Number of Children in State Care**. In the five years preceding the 1991 announcement of the Children's Plan, the number of commitments of children to the state's care grew 23 percent from 5,489 in fiscal 1986 to 6,769 in fiscal 1990, at an estimated cost of more than $160 million. The annual increase in costs averaged $10 million to $15 million.

  To accomplish the goal of reducing the number of children in state care, Tennessee is strongly committed to expanding and improving children's services so that more can be served in their own homes and communities and fewer children have to be removed from their homes and placed in the state's care. The state will do this by providing additional and more effective prevention, family preservation, and other family support services, including family resource centers. Tennessee is seeking to move children out of state custody and into permanent situations as soon as appropriate through reunification with their families, adoption, or independence.

- **Make More Appropriate Referrals for Placements and Services**. In Tennessee children are committed by juvenile courts to the care of four different state departments: Education, Human Services, Mental Health and Mental Retardation, and Youth Development. Each department serves a specific category of children. However, many children, particularly adolescents, have a variety of needs that would benefit from programs or services from multiple departments.

  Under the Children's Plan, children coming into state custody will still be committed to one of the four state departments. However, upon commitment or prior to commitment if requested by a judge, each child will undergo a uniform assessment, planning, and case management process implemented through regional community health agencies.

- **Improve the Management of the Children's Services Delivery System**. When the Children's Plan was proposed, Tennessee state government did not know from whom children's services were being purchased, what rates were being paid, how

BEST COPY AVAILABLE

much in total or by category was being spent, or what types and amounts of services were actually needed. It was not known why children came into care, how long they remained in care, whether they improved while in care, or what the outcomes were when they left care. As a first step toward rationalizing the funding of the children's social service system, the Department of Finance and Administration established a single budget account for children and centralized the contracting process. Regardless of which department has custody of the child, all needed services — as defined in the the plan of care developed by the community health agencies — will be paid for out of this single account.

- **Maximize the Collection of Federal Funds.** To maximize the collection of available federal funding, specially trained child eligibility workers provide comprehensive eligibility determinations within the first fifteen days of a child's commitment to state care.

Contacts

Nancy Thomas
Director
Children's Services Administration
Tennessee Department of Finance and Administration
Phone: (615) 741-7451

Jim Hall
Executive Assistant to the Governor of Tennessee
Phone: (615) 741-4131
Fax: (615) 741-1416

VIRGINIA

The Initiative

Council on Community Services for Youth and Families

In the spring of 1990 the Governor established a cross-secretarial interagency council to recommend creative and realistic reforms to improve the state's services for youth with emotional and/or behavioral problems and to control the escalating costs to state and local government of residential care.

Members of the council include staff from the state and local child-serving agencies, state and local government officials, parents, judges, public and private providers, and advocates. It has served as a vehicle for debating issues, building consensus, and developing compromises.

A primary impetus for the council was the 1990 study of children's residential services conducted by the Department of Planning and Budget. The department concluded that state and local expenditures on residential care across Virginia's four child-serving agencies would continue to increase significantly unless the commonwealth instituted major policy and program changes.

The 1990 study found that children typically were defined by each system they entered — welfare, juvenile justice, school, or mental health. Yet the different systems often were working with same children. While the four child-serving agencies were working collectively with 14,000 cases, these represented only 4,993 children. The study also observed that in some cases residential care is the most appropriate and effective way to meet a child's complex needs. However, categorical funding, restrictions on the use of funds, and gaps in available resources result in many children being placed far from their families in care that is more restrictive than is necessary to meet their needs.

While the number of children served in residential care each year is relatively stable, the cost of such care has increased significantly. Virginia state and local agencies spend more than $110 million a year on residential care for troubled youth. Some of the costs associated with providing this care are rising 22 percent annually. During the 1992-94 biennium, the commonwealth will have to spend $42 million in new funds to maintain the current level of services.

In response to a provision in the 1990-92 biennium appropriations act, in 1991 the council released a report, "Improving Care for Troubled and 'At Risk' Youth and Their Families." Based on five regional meetings across the state and written comments from 145 individuals and organizations in eighty-one communities, the council's report made a number of recommendations in the areas of service delivery, funding, and demonstration grants.

State Pool. The report recommended creating a state pool to consolidate nine categorical funding streams used to purchase public or private services across the four child-serving agencies, thereby reducing turf battles. The pool would include almost $79 million in state and local funds.

State pool funds would be allocated to communities based on their proportion of youth in the state who are at risk as measured by poverty. Communities would be required to match the allocation of state pool funds based on their ability to pay, with local shares capped at 45 percent. A state hold harmless provision would guarantee that no community would receive fewer state funds than it received in the base year (i.e., fiscal 1992). A local hold harmless provision would require the state to pay for the increase in the local share due to the formula; this hold harmless would be phased out over time.

Trust Fund. The purpose of the trust fund is to offer monetary incentives to communities to develop innovative services based on the needs of youth and families. At least 25 percent of the funds would be dedicated to early intervention services. This percentage would increase incrementally to 40 percent by the year 2000. Funds would be provided to communities for developing:

- Early intervention services for young children at risk of developing emotional and/or behavior problems due to environmental, physical, or psychological stress; and
- Community services for troubled youth who have emotional and/or behavior problems and who can appropriately and effectively be served in the home and/or community.

The community grants would be entirely state-funded for at least two years.

These and many other recommendations from the council's report were included in the Comprehensive Services Act for At-Risk Youth and Families, which was passed by the legislature in 1992. The act mandates interagency planning and care at both the state and local levels.

Contact

Diane McConnell
Director
Council on Community Services for Youth and Families
Virginia Department of Youth and Family Services
Phone: (804) 371-0771
Fax: (804) 371-0773

WASHINGTON

The Initiative

Family Policy Initiative

The Family Policy Initiative is a collaborative effort across state government to improve services to at-risk children and families in Washington. The agencies involved include the departments of Social and Health Services; Community Development; Employment Security; and Health; and the Office of the Superintendent of Public Instruction. An outgrowth of the state's participation in the State Policy Academy on Families and Children of the Council of Governors' Policy Advisors, the 1989 initiative is based on the recognition that families often experience multiple problems and are not well served by a system focused on categorical funds and overly prescriptive solutions.

A "principle-based reform" uniting five state agencies in a common approach to children and family issues, the initiative does not seek to impose a generic service delivery model upon communities across the state. While the former system was state-directed, categorical, and remediative, the new system focuses on families and local communities and places greater emphasis on prevention. Its approach is to promote a broadly supported set of principles and a shared vision. Developed with the input of constituents across the state, the principles were incorporated into the enabling statutes for each of the five state agencies. The principles speak to the state's policy of promoting services and supports that are family-oriented, culturally relevant, coordinated, locally planned, community-based, creative, outcome-based, and customer service-oriented.

The initiative requires no new organizational chart for state or local government, and is not necessarily dependent upon new money. Its budget consists of contributions from the five participating agencies.

The initiative is based upon a recognition that successful programs for at-risk children and families offer a broad range of services, are flexible in the use of program resources, utilize staff who are trained in crossing traditional program categories, and treat individual problems within the context of the family.

Since its creation in December 1989, the initiative has focused on:

- Forming the Policy Council, which meets monthly to chart the progress of the initiative and ensure collaboration among the five agencies.
- Developing eight principles to guide reform based on extensive discussions with the general public, state employees, educators, local government officials, and other stakeholders.
- Working with local communities in the implementation of projects consistent with the eight principles. As a result of legislation passed during the 1992 session, local communities may request decategorized state funds to address pressing local issues for children and families consistent with the eight principles. Forty-five communities have come forward with requests.
- Drafting a strategic plan to implement the principles and guide future service delivery.

Contacts

Jon LeVeque
Special Assistant
Washington Family Policy Initiative
Phone (206) 586-0841
Fax: (206) 586-5874

Gerard Sidorowicz
Executive Policy Assistant
Office of the Governor of Washington
Phone: (206) 586-6086
Fax: (206) 586-8380

5.

Family Preservation Programs

Introduction

As states' child welfare, juvenile justice, and mental health services have helped children and their families in times of crisis, too often the solution has been removal of a child from his or her home. As a result, about 500,000 children currently live in foster care or juvenile institutions. If current trends continue, this figure will reach 840,000 by 1995. States recognize that the increasing number of out-of-home placements is extremely costly—financially and emotionally—to families, states, and society overall. As a result, Governors across the country are looking for ways to reform children's service systems so they preserve and strengthen families. Family preservation programs (FPP), an integral component of these efforts, offer a successful alternative to out-of-home care.

Family preservation programs are based on the recognition that:

- Out-of-home placements can be harmful to children. The emotional trauma caused by a child's separation from his or her family is often severe and permanent. While placement is an important option for certain families, it is not always the best alternative for the children who now are being placed out of the home routinely.
- Out-of-home placements are costly. Substituting state care for parental care is expensive. Most states' costs for out-of-home placements are growing—some by as much as 30 percent per year.

Family preservation initiatives involve short-term programs of intensive counseling, skill training, and support delivered to families whose children are at imminent risk of out-of-home placement. By working with the family to remove the risk of harm to the child rather than removing the child from the home, family preservation programs strive to keep children safe and families together. To strengthen and support families, FPP diffuses the immediate crisis, gives families an opportunity to confront their problems, and helps families connect with informal and professional resources in their own communities. While FPP is not an appropriate resource for all families and does not eliminate the need for out-of-home placement, it has proven highly effective in preventing foster placements, reunifying families to which children have been returned from foster placements, and preventing the disruption of adoptive placements. The table on the following page characterizes the differences between traditional social services and family preservation services.

In the late 1970s a family preservation model was pioneered by Homebuilders, a division of the Behavioral Sciences Institute, in the state of Washington. The model, or a version of it, has since been adopted by and used in many states. Where family preservation initiatives are based on the Homebuilder's Model, most of the work takes place in the family's home, not in the caseworker's office. Staff are available twenty-four hours a day and work with only two to four families at a time for four to six weeks each.

For many states, family preservation programs have spurred broad changes in their social service systems. These states are using the goals of supporting and preserving families as the basis for redesigning their entire children's service systems. The new ways of doing business associated with these short-term crisis intervention programs have helped to integrate and reform social service systems. Some states have used these programs to facilitate collaboration and more efficient joint funding across the child welfare, juvenile, mental health, and education systems. Through their FPP, other states are incrementally redirecting funds from out-of-home care to community-based family support, thus addressing families' needs comprehensively and flexibly.

Service Delivery Contrasts

Traditional Social Services	Family Preservation Services
Services in office	Services in client's home
Waiting list	Immediate response
50-minute hour	As long a session as needed
Weekly or less	Frequent—often daily
Business hours only	7 days a week, 24 hours a day
Selective intake	Accept almost all cases
Worker defines solutions	Family selects solutions
Indefinite duration	Predetermined length
Long-term, often years	Short-term, 4 to 6 weeks
Large caseloads, 12 to 50	Small caseloads, 2 to 3
Focus on individual	Focus on family system
Concentrate on immediate symptom	Concentrate on underlying skills and interactions
Soft services only	Blend of hard and soft services
No special use of crisis	Use crisis as teachable moment
Solve problem for client	Help client solve own problems

SOURCE: Reprinted with permission from the Edna McConnell Clark Foundation from *For Children's Sake: The Promise of Family Preservation*, by Joan Barthel (New York, N.Y.: Edna McConnell Clark Foundation, 1992).

The Initiative

Family Options

Family Options is a short-term, in-home crisis intervention and family education program offered in the Division of Family and Children's Services of the Alabama Department of Human Resources. Available only to families at imminent risk of removal of a child from the home, the program is designed to prevent the unnecessary placement of children in foster care.

The goal of Family Options is not to remake families into ideal family units. Rather, it is to focus intervention on those problem areas that jeopardize a child remaining at home by teaching families basic skills and attitudes to remain together safely. Often, the goal is to help families achieve a level of functioning that will allow them to benefit from more traditional services.

Family Options includes the following characteristics:

- Intervention at the point of crisis;
- Treatment in the home setting with services tailored to meet the family's needs; and
- Provision of concrete services as well as life skills training.

Families referred to Family Options usually have exhausted or are inappropriate for other less-intensive remedies. At the time of referral, a family is usually experiencing one of two basic crises:

- Child Protective Services has threatened to remove one or more children from the home because the family is not providing adequate care; or
- There are problems between the parents and child that have become so severe that a parent is on the brink of banishing a child from the home or the child is about to run away.

Once a family is accepted into Family Options, staff are on call twenty-four hours a day, seven days per week for up to six weeks. Each social worker provides services to no more than two families at a time. Families are given the home telephone number of their case manager as well as a back-up emergency number. Appointments are scheduled at times that are convenient to families; staff often work evenings, weekends, and holidays.

Families are provided with support in areas such as parenting, problemsolving, depression management, communication, and anger management. During the final weeks of the intervention, the Family Options worker helps the family identify and link up with ongoing support services.

Family Options currently is available in twenty of Alabama's sixty-seven counties; however, by October 1999, as a result of a court decision, Family Options must be available to all Alabama children who are at risk of out-of-home placement. A Family Options Unit, staffed by a welfare supervisor, four social workers, and a clerk typist, is established and located in a "hub" county for provision of services within a four or five county area. The county designates a liaison to educate the Family Options staff on available community resources that can contribute to the program.

Family Options was funded with $1.5 million in state dollars in both fiscal 1991 and fiscal 1992. On average, the program costs $2,800 per family. As of April 1992, about 470 families had been served.

Contact

Suzanne Clement
Supervisor
System of Care
Alabama Department of Human Resources
Phone: (205) 554-1210
Fax: (205) 554-0354

IOWA

The Initiative

Family Preservation Program

Iowa was one of the first states to establish in-home services as an alternative to foster care. During the mid-1970s, family-centered services were initiated, ranging from comprehensive in-home services to in-office therapy. Over the next several years, the demand for family-centered services grew faster than the availability of funds. As a result, workers' caseloads increased and service intensity decreased. By the mid-1980s, family-centered services, though a popular and valuable intervention, were not of sufficient intensity to help families avert crisis out-of-home placement of their children.

By mid-1986, Iowa was increasingly relying on out-of-home placements, problems within the state's foster care system were causing negative publicity, and information was surfacing about the success of the Homebuilder's Program, a placement prevention program in the state of Washington. Responding to these developments, a group of Iowa legislators, advocates, and state officials began exploring the value of intensive, crisis intervention programs as an alternative to foster care. The group formed a steering committee, and with the help of the Center for the Study of Social Policy and the National Conference of State Legislatures, began the process that lead to introduction of legislation to establish family preservation services in Iowa.

The 1987 Iowa General Assembly enacted legislation and appropriated $680,000 to begin intensive family preservation services. The law included the following key parameters:

- Eligibility is based on a determination of imminent risk of placement in out-of-home care. A family also may be eligible if the child has been in placement fewer than sixty days and can be returned home within five days of the referral.
- Caseloads per worker may not exceed four families.
- Services must be available twenty-four hours a day, seven days per week for not more than forty-five days.
- The Department of Human Services determines eligibility, refers families, and monitors case progress.
- Providers may not decline to serve a family unless they would exceed the maximum caseload.
- Two-thirds of the services must be provided through contracts with private agencies; one-third may be delivered directly by public employees.
- Research and evaluation of the program will be conducted by an outside entity.

During fiscal 1991, 1,472 families received family preservation services. Operating with a $3.7 million budget, sixty-nine public and private workers served families at an average cost of $2,090. An evaluation found that the program helped prevent out-of-home placement in 90 percent of the families. Fiscal 1992 funding is $5.1 million, and the program will serve about 2,050 families.

Contact

Federico Brid
Division Administrator
Adult, Children, and Family Services
Iowa Department of Human Services
Phone: (515) 281-5521
Fax: (515) 281-4597

KENTUCKY

The Initiative

Family Preservation Program

In describing the Kentucky Family Preservation Program (FPP), the Governor explains, "If parenting skills are a problem, we show mom and dad how it's done. If there are problems in the marriage, we counsel the parents. If unemployment is a problem, we help find jobs or provide training. We meet each crisis head-on and lay a firm foundation to prevent its recurrence. It is simple. It is straightforward. It works."

Based on the Homebuilder's Model, the Kentucky Family Preservation Program, was initiated to provide intensive, in-home crisis intervention services to families with children who are at imminent risk of removal from their homes. The program began in 1988 with three demonstration projects at two urban sites and one rural site; five more sites were added in 1990. The Kentucky legislature has given the Department for Social Services the lead role in implementing the Family Preservation Program. Because the department has case responsibility for all children in the custody of the state, including dependency, status, delinquent, and mental health commitments, the imminent risk of removal would most often be a department decision. By legislating that the department implement the Family Preservation Program, the general assembly has created, in effect, one point of entry into the program for any family with a child or children at risk of removal, regardless of reason or legal status.

FPP is designed to work with the most severe multi-problem families who have one or more children at risk of imminent removal from their homes. Treatment goals are developed with the family, building upon its strengths, and are aimed at ensuring the safety of and alleviating the need for removal of one or more children. The primary treatment emphasis lies in teaching skills to family members so they learn to function more effectively on their own.

A specially trained social worker provides and/or coordinates the myriad of services in the family's home. Services may include, but are not limited to:

- Parent education;
- Child development training;
- Advocacy, family, individual, and marriage counseling;
- Communication and negotiation skills;
- Home maintenance skills;
- Cash payments;
- Job readiness training; and
- Linkage to community resources and natural helping networks.

The majority of referrals to the Family Preservation Program originate from the Department of Social Services, though other agencies such as the Department of Mental Health and Mental Retardation and juvenile courts can access FPP through the department. At least two department staff review each referral to verify that the case meets the following criteria:

- There is imminent risk of removal of a child or children from the home,
- The family is at a point of crisis,
- Less-intensive, less-intrusive services are unavailable or inadequate to meet the family's current needs,
- The involvement of FPP can ensure the safety of the child or children in the home, and
- At least one parent or caregiver agrees to participate in FPP.

To provide immediate crisis response, FPP staff will meet with the family within twenty-four hours of receiving a referral.

A total of 780 families were served during fiscal 1991 and fiscal 1992, with a combined federal-state budget of $2 million in each fiscal year. For fiscal 1993 and fiscal 1994 about $2.8 million and $3.0 million, respectively, have been budgeted. The federal monies include reimbursements through Title IV-E of the Social Security Act (Foster Care and Adoption Assistance). Thus far the program has been successful in preventing out-of-home placement among 85 percent of the families.

FPP currently is available in forty-seven of Kentucky's 120 counties, but the state plans to expand the program to ninety counties by 1994 and then to all counties the following year.

Contact

Terry Stivers or Linda Robertson
Cabinet for Human Resources
Kentucky Department of Social Services
Phone: (502) 564-2136
Fax: (502) 564-3096

MARYLAND

The Initiative

Families Now

Although Maryland's family preservation efforts began in 1987 with the inception of its Intensive Family Services Program, the state's Department of Human Resources recently implemented the first phase of a five-year plan to greatly expand these services. By redirecting a total of $29.7 million in state foster care maintenance funds over the next five fiscal years, Families Now will include 180 preservation teams working with high-risk families. By the end of fiscal 1992, the program will be operating in fourteen counties; by the end of fiscal 1995, it will be statewide.

A social worker and parent aide work as a team to provide comprehensive in-home services to families at risk of having a child placed in out-of-home care. Moreover, flexible funds are available to purchase goods and services that families need.

The program embodies four levels of intervention provided along a continuum, including intensive family services, family services, child protective services, and family reunification services.

Families Now teams provide the same services to all families, regardless of where they fall along the continuum. The distinction is in the intensity and duration of services. Services include parenting education, counseling, crisis intervention, housing assistance, vocational counseling or training, child care, assistance with security deposits, transportation assistance, and substance abuse counseling.

Intensive Family Services (IFS) is the most intensive level of service in the family preservation continuum. It is designed to assist families whose children are at imminent risk of out-of-home placement and families who, in the worker's clinical judgment, would benefit from short-term, intensive intervention. A caseworker and parent aide work as a team with a caseload of no more than ten families, spending from five to twenty hours per week with each family for no more than ninety days.

The Family Services component is designed to assist families whose children are at high or imminent risk of out-of-home placement and families who would benefit most from longer term intervention of moderate intensity. Services are provided by caseworker/parent aide teams with caseloads of no more than ten families for up to six months.

Child Protective Services are designed to serve families whose children are at risk of out-of-home placement and for whom an assessment indicates that they will require a long-term (up to one year), moderately intensive service (three to four visits per month). Services are provided by teams with caseloads of no more than fifteen families.

Family Reunification Services are provided by teams to caseloads of five to six families for up to six months while the children are in foster care. The goal is to decrease the length of their out-of-home placement. Upon the completion of services, the children are either returned to their family or an alternative plan is developed.

Since the program's inception in 1987, it has preserved 6,000 families and diverted more than 15,000 children from foster care.

Contact

Fern Blake
Social Services Administration
Maryland Department of Human Resources
Phone: (410) 333-0200
Fax: (410) 333-0392

MICHIGAN

The Initiative

Families First

Families First, a family preservation initiative, is a key component of the Governor's ambitious plan to strengthen Michigan's families. The program is guided by a simple principle—remove the risk rather than the child. While never compromising the state's first and foremost concern—the safety of children—Families First's objective is to intervene and help, not to interrupt or interfere. Recognizing that many families are receptive to change and find strength and stability in programs that enable them to define their own goals and create their own solutions, the program seeks to keep families together as long as the children are not at risk.

This family preservation approach avoids the high cost of out-of-home care. The state estimates that foster case placements cost $10,000 per child per year; institutional care can cost as much as $55,000 to $60,000 per child per year. The cost for one youth to complete an average stay in a state training school for delinquents is $86,000. By comparison, Families First averages $4,500 per year per family served.

To be eligible for Families First, a family must:

- Have at least one child who is at imminent risk of removal;
- Be referred by a protective services, foster care, delinquency, or community mental health professional, or by a probate court; and
- Have at least one adult family member who agrees to participate and commits to trying to keep the family together.

Each social worker deals with only two families at a time and is on call twenty-four hours a day, seven days per week for four to six weeks. The social worker spends at least eight hours per week in the family's home helping members learn more effective parenting skills. To facilitate problemsolving, there is increased collaboration between domestic violence and family preservation programs.

By October 1, 1992, Families First will have served more than 15,000 children in nearly 7,000 families. By the end of 1992, the program will be implemented in all Michigan counties with projected expenditures of $12 million; in 1993 the program will cost about $16 million.

An evaluation of the program to date reveals that:

- Eighty percent of the families completing Families First were still together a year later, and no serious injuries or deaths occurred in the participating families.
- Between June 1988 and December 1990, foster care placements rose by 29 percent in counties without Families First programs but declined by 14.25 percent in Wayne County and by 12.2 percent in other counties with Families First.
- The state estimates that without Families First, between 904 and 1,537 more children would have been in foster care on September 30, 1990, at a annual cost to the state of between $9 million and $15 million.

Contact

Stephanie Comai-Page
Social Welfare Policy Advisor
Office of the Governor of Michigan
Phone: (517) 335-7824
Fax: (517) 335-0118

MISSOURI

The Initiative

Family Preservation Services

Missouri's child placement agencies have explored innovative ways to keep families together. Family Preservation Services have offered an opportunity to assist families and provide for close interagency cooperation. Designed to assist families of severely emotionally disturbed children and youth, Missouri's Family Preservation Services (FPS) program was initiated in 1987 by the Department of Mental Health in cooperation with the departments of Social Services and Elementary and Secondary Education. In

1988 the three departments joined with a nonprofit organization, Citizens for Missouri's Children, to develop a statewide model for serving abused and neglected children, seriously emotionally disturbed children, and youth offenders. The project has been supported in part by the Edna McConnell Clark Foundation.

Missouri's Family Preservation Services program was the steppingstone to a recent effort to reform the state's children and family service system. The patterns of interagency collaboration and funding that were developed through FPS are being applied to the entire children's service system.

The state's brochure describing FPS explains that the program "grew out of the recognition that the foster care system had become tragically inadequate to meet the needs of our most troubled families. And yet, when a family in crisis is referred to our social service system, all too often the system responds in the only way it can: by removing children from their homes." Every year more than 12,000 children are separated from their families in Missouri for a variety of reasons; some have been abused or neglected, some are severely disturbed, and others are considered a danger to their family or community.

With the twin goals of protecting children and keeping families intact, FPS is built on the premise that while removal of a child from his or her family sometimes is necessary, separation is not always the best option to help a family in trouble. Social workers provide short-term, home-based, intensive services to families with children at risk of out-of-home placement.

Four core components exist in each of Missouri's FPS programs:

- A FPS specialist visits the family within twenty-four hours of referral;
- Services are provided in the family's home and community for up to six weeks;
- The intervention is intensive—up to twenty hours per week; and
- Therapists are available twenty-four hours a day for crises, and each therapist works with a maximum of two families.

FPS costs $3,200 per family, one-third to one-eighth of the amount incurred to place a child outside the home. In 1992 the program was funded at $3.5 million through a combination of state and federal dollars, with $5.75 million anticipated for 1993. Federal sources include Title IV-A (AFDC-Emergency Assistance) and Title IV-E (Foster Care and Adoption Assistance) of the Social Security Act.

By the end of 1992, more than 2,000 families will have been served through Missouri's program. While services currently are available in sixty-three of the state's 115 counties, by October 1992 the state will have FPS available in every county.

Contacts

Anna Stone
Project Director
Family Preservation Services
Missouri Department of Social Services
Phone (314) 751-2427
Fax: (314) 751-8949

Linda Roebuck
Director
Children and Youth Services
Missouri Department of Mental Health
Phone: (314) 751-4122
Fax: (314) 751-7815

Phyllis Rozansky
Executive Director
Citizen's for Missouri Children
Phone: (314) 647-2003
Fax: (314) 644-5437

NORTH CAROLINA

The Initiative

Family Preservation Services Program

In 1991 the North Carolina General Assembly enacted legislation that establishes within the Department of Human Resources a Family Preservation Program, and that creates an Advisory Committee on Family Centered Services to provide advice on the development and implementation of the program. The program must be in place statewide by July 1, 1995.

Passage of the legislation grew out of a rising concern about the number of North Carolina children who were being placed in foster care, residential treatment programs, or training schools. During the late 1970s and early 1980s, the number of children in out-of-home care declined due to effective permanency planning and community-based treatment efforts. However, the number began to rise again, and by 1990 more than 15,000 North Carolina children were being removed from their families annually.

Prior to the enactment of the legislation in North Carolina, the social services, mental health, and juvenile justice systems all began to develop family preservation programs to serve their various target families. All had similar philosophies, purposes, and program design, and there was effective interagency coordination in some areas. However, programs continued to be few in number and seriously underfunded. Most important, there was no state-level plan to bring about consistency or to promote needed expansion.

In 1989 the North Carolina Child Advocacy Institute, with funding from the Edna McConnell Clark Foundation, pulled together a coalition that included advocates, legislators, educators, and agency professionals to form the Family Preservation Action Project. The project looked at the needs of the state's children at risk of out-of-home placement, the extent to which existing programs were meeting needs, the benefits to families of successful family preservation services, and the cost-effectiveness of family preservation programs. There was a consensus among the project team on the need for less painful, less costly alternatives to serving families at risk. The recommendations of the Family Preservation Action Project were embodied in the new legislation.

Incorporating characteristics of the Homebuilder's Model, the program in North Carolina employs short-term, intensive, crisis-intervention services provided primarily in the family's home or community. Families are eligible if they have children up to eighteen years of age who are at risk of imminent separation through placement in the public welfare, mental health, or juvenile justice systems.

Specifically, the legislation requires that:

- Each eligible family receive intensive family preservation services for an average of four weeks, but not more than six weeks, beginning with identification of an imminent risk of out-of-home placement;
- At least half of a caseworker's time spent providing family preservation services to each eligible family be provided in the family's home and community;
- Family preservation caseworkers be available to each eligible family by telephone and on call for visits twenty-four hours a day, seven days per week; and
- Each family preservation caseworker provide services to a maximum of four families at any given time.

Services include, but are not limited to, family assessment, intensive family and individual counseling, client advocacy, case management, development and enhancement of parenting skills, and referral to other services as appropriate. Local family preservation programs are expected to provide or help families obtain a broad range of therapeutic, supportive, and concrete services, for example, transportation and child care.

Currently, seventeen programs are providing family preservation services according to the criteria specified in the legislation. Between October 1, 1991, and March 31, 1992, a total of 465 families were referred to the program.

BEST COPY AVAILABLE

Contact

Joan Holland
Director
Office for Family Centered Services
North Carolina Department of Human Resources
Phone: (919) 733-6090
Fax: (919) 733-7447

PENNSYLVANIA

The Initiative

Family Preservation Services Program

Pennsylvania's Family Preservation Services Program was established in July 1989 to provide intensive, in-home counseling and other support services in order to prevent the placement of children in foster care homes or institutions and preserve families whose children have been victims of neglect and abuse. The placement avoidance rate was 82 percent in the first year and increased to 89 percent in the second.

The act provides for grants to counties to establish local family preservation programs in accordance with a state model in which:

- Caseworkers must have a normal caseload of two families, with a maximum of five families (provided three of the five families are in their last month of service);
- Services normally will be provided in the family's home and community;
- Workers must be available to families twenty-four hours a day;
- Services will be provided to a family for up to three months;
- Workers must meet certain educational and/or experience criteria; and
- Workers must receive at least forty hours of training prior to beginning service, and forty hours of training annually thereafter.

The Pennsylvania Department of Public Welfare coordinates the Family Preservation Services Program; assists counties by providing information, technical assistance, and training; evaluates the program's effectiveness; and annually reports on the program to the general assembly.

Each local program is fully funded by the state for two years; in the third year the state pays 95 percent of the program's cost. It is the state's goal that counties will continue to provide family preservation services after the expiration of the three-year development grants. If they choose to do so, counties may request state reimbursement for 80 percent of the cost.

The program has expanded from seven to thirty-five counties. During fiscal 1990-1991, 1,047 families were served with $3.75 million in state dollars. Under the Governor's 1992-1993 budget, the Family Preservation Services Program would receive an additional $6.6 million, almost double the state's initial investment.

Contact

Chrysandra Gantt-Fulton
Coordinator, Family Preservation Services Program
Office of Children, Youth, and Families
Pennsylvania Department of Public Welfare
Phone: (717) 787-7756
Fax: (717) 787-0414

TENNESSEE

The Initiative

Home Ties

Tennessee's family preservation services program, Home Ties, began in October 1989 as a joint initiative between the departments of Human Services, Mental Health, and Youth Development. Initially consisting of eight pilot sites, the project now covers all counties in Tennessee. Home Ties represents a key component of the state's new Children's Plan to reform children's services (see Chapter 4).

Based on the high success rate of the pilot family preservation programs, the Children's Plan calls for the aggressive implementation of a statewide family preservation program during the summer of 1992. Tennessee's plan has a strong interagency component. The family preservation programs have uniform performance standards across agencies, rely on pooled funding, and use a common training program. To expand these services statewide, the state will train and implement an additional sixteen family preservation teams which, when combined with the eleven existing teams, will provide the state with the capacity to serve 2,400 families annually. Over the next several years, the amount of family preservation services developed in Tennessee will be adjusted to meet the identified demand for such assistance.

Home Ties offers an effective way to reduce the number of children entering out-of-home care programs. It provides a way for the state to begin shifting the focus of its spending from out-of-home care to more preventive services, and to address the challenges presented by multi-problem youth. The focus of the program is on working with families holistically.

Home Ties is currently funded at $3.5 million with state and federal monies; the program is expected to operate on a $7 million budget during fiscal 1993. On average, the cost per family is $3,000.

Contacts:

Jim Hall
Executive Assistant to the Governor of Tennessee
Phone: (615) 741-4131
Fax: (615) 741-1416

Trudy Weatherford
Family Preservation Coordinator
Tennessee Department of Human Services
Phone: (615) 741-3443
Fax: (615) 741-4165

6.

Workplace Education Programs

Introduction

States have supported workplace education programs since the 1960s primarily as part of economic development strategies to attract and retain business and industry. In more recent years, however, these programs have been viewed as key to maintaining the competitiveness of the state's workforce. Rapid technological changes, increased global competition, demands for higher levels of productivity, and in some instances, the need to diversify the economic base have prompted states to work with the business, labor, and education communities to ensure a well-trained and adaptable workforce. If the forecasts of many economists are accurate, employees in the future will need to continuously train and retrain to upgrade their skills.

The demand for higher level skills will require that workers devote more time to training activities, perhaps at the expense of other family responsibilities. However, by providing training opportunities on site, employers are minimizing the amount of time spent away from the family. By integrating training into the work day, parents are not forced to find additional child care, spend time commuting to a local community college or high school, or incur the cost of tuition.

Moreover, the benefits of training one member of the family can transfer to other family members. In one program described in this chapter, successful completion of a workplace literacy program by a husband ultimately led to a promotion for both he and his wife, who improved her own language skills. Employees who benefit from a training program often develop an appreciation for the opportunities education provides, and as a result take greater interest in their children's schooling.

ARKANSAS

The Initiative

Workplace Education Program

The Governor of Arkansas has been committed to enhancing and expanding adult education and literacy services. In 1987 the Governor appointed a Commission on Adult Literacy to study the state's needs and existing capacity, and to develop a comprehensive action plan to increase adult literacy levels. The goal is to expand Arkansas' programs by broadening participation from 29,000 to 100,000 adults annually by 1994. The commission continues to remain a major force in facilitating cooperation and collaboration between the public and private sectors.

Providing education to individuals in the workplace is one of the priorities of the state's adult education and literacy efforts. In fiscal 1992 $1 million in state funds was dedicated to the Workplace Education Program.

A workplace education director from the Governor's Commission on Adult Literacy coordinates the program. Fourteen industrial coordinators from the Vocational and Technical Education Division of the state's Department of Education work closely with business and industry to assess firms' education and training needs and guide them to appropriate resources.

More than 7,000 employees participated in 1992 in basic skills education programs at 144 companies. Developed cooperatively by the company and the local education provider, the programs consist of specific on-site basic education and, if appropriate, traditional adult basic education and GED classes. The state provides the assessment and education services; the company provides incentives for employees to participate, educational materials, and space.

Arkansas' Workplace Education Program serves businesses of all sizes. The initiative at Tysons Food involves 2,200 workers, representing 10 percent of the firm's workforce. Smaller firms may join together to develop a program.

One unique aspect of Arkansas' program is "Dial 0 for Literacy." The hotline is available to anyone in the state by dialing the telephone operator, who takes the appropriate information to ensure that the caller is connected with a local service provider.

Contact

Emily Barrier
Special Assistant for Education
Office of the Governor of Arkansas
Phone: (501) 682-2345
Fax: (501) 682-1382

ILLINOIS

The Initiative

Workplace Literacy Grants

In 1990 the Illinois Office of the Secretary of State expanded an existing state adult literacy grant program to the workplace by giving businesses the funds to provide on-site basic skills instruction for their workers. Grant applications are approved by the secretary of state based on the recommendations of an eight-member Literacy Advisory Board that includes representatives of the adult education, library, and literacy provider communities.

Interest in this program has been very strong. It has expanded rapidly since it began in 1990 with six-month grants to sixteen businesses at a cost of $118,736. As a result of the program's first-year successes, it was continued in 1991 at a funding level of $134,857; grants were awarded to nineteen businesses. In fiscal 1992 the budget almost doubled to $252,510; thirty-two businesses received assistance. For fiscal 1993 eighty-nine businesses submitted grant proposals, and the secretary of state has asked the legislature to appropriate $500,000.

Initiated as a pilot project, grants of up to $10,000 currently are provided directly to businesses. Applicants may apply for a second year of funding, after which the program must become self-sustaining. Each recipient must provide at least a 100 percent match for the public funds. In fiscal 1992 participating businesses exceeded this requirement, providing $627,000 in matching funds.

Employers use the funds to hire workplace basic skills providers. These providers assess employee and employer needs, develop an appropriate curriculum, and implement instruction programs.

The secretary of state's Literacy Office also helps businesses provide literacy training in other ways. It publishes articles to increase employee awareness, assists in finding qualified providers of literacy training, and offers technical assistance. In addition, the office has developed a literacy training video for use by businesses or providers, a book for employers, *How to Get Started*, and a brochure, "Shaping Illinois' Workforce: What Your Company Can Do." The Literacy Office also holds conferences where businesses can demonstrate model instruction programs. The office plans to survey 5,000 businesses to determine current workplace literacy needs.

Contact

Kim St. Aubin
Deputy Press Secretary
Illinois Office of the Secretary of State
Phone:(217) 782-5984
Fax:(217) 785-0358

INDIANA

The Initiative

Training 2000

The Indiana Department of Commerce (IDOC) developed the Training 2000 program in response to several recent trends: rapid technological changes that require a well-trained and adaptable workforce; increased global competition that necessitates increased productivity, technology advancement, and diversification of Indiana's economic base; and the aging and contraction of Indiana's workforce, which makes it most practical to train existing workers and workers traditionally not in the workforce.

The objective of Training 2000 is to promote skills enhancement, employment opportunities, modernization, productivity, and competitiveness. The program provides assistance to train employees for new jobs and to enhance the skills and abilities of current workers.

Training 2000 focuses primarily on manufacturing companies, companies that distribute products, and in some cases, service companies or regional headquarters that have significant out-of-state transactions. Applicants are judged on their commitment to training, their importance to Indiana's strategic future, community needs, and the financial strength of the company.

Grants generally do not exceed 50 percent of eligible training costs, except in the case of companies with 100 or fewer employees that demonstrate significant financial need, or that use training services provided by the public education system. Maximum state contributions include $250,000 for retraining, $50,000 for basic skills, and $250,000 for retraining and basic skills combined. A company is funded for one or two years and can apply for additional grants.

Grant funds are dispersed in accordance with a progress schedule that is developed in the initial stages of training. This schedule establishes timelines for job training, job creation, investment, and other applicable activities. Companies submit quarterly reports on their progress toward these goals and are reimbursed accordingly. They receive 60 percent of the award as soon as the training contract is executed, another 20 percent when the project has achieved 80 percent of its job creation and investment goals, and the rest when it has achieved 100 percent of its goals.

Contact

Betty Cockrum
Director
Administrative Services Division
Indiana Department of Commerce
Phone: (317) 232-8780
Fax: (317) 232-4146

NORTH CAROLINA

The Initiative

Workplace Basic Skills Program

The North Carolina system of community colleges launched the Workplace Basic Skills Program to reach the 1.7 million individuals in the state lacking a high school diploma. Fifty-eight community colleges are responsible for taking the program to the workplace where they use the Comprehensive Adult Student Assessment System (CASAS) to interview employers to determine criteria for designing a customized curriculum. Often the community colleges design a curriculum for an entire industry.

The program began four years ago and is now serving about 430 businesses across the state. The number of participating businesses has doubled during this time as employers have recognized the advantages of educating experienced employees in basic skills over finding new employees without the necessary advanced technical knowledge.

One of the biggest obstacles facing the program is funding. Training is customized to meet the needs of individual firms, but such tailoring increases the costs of the program. Employers have not been charged for any services, but up-front costs to assess needs and develop programs have become too costly. As a result, businesses are beginning to share in these expenses.

The workplace program is supported with both state and federal dollars. Each community college determines how it will use its resources. In fiscal 1991 these institutions received $7.4 million in federal funds and $16 million from the state for literacy training; of these amounts about 10 percent was dedicated to programs in the workplace.

One goal of the program is to find a better way to package services so that a firm's total needs can be addressed. The program also hopes to improve services to small business owners who believe their size does not justify a workplace literacy program.

Contact

Bobby Anderson
Director of Basic Skills
North Carolina Department of Community Colleges
Phone: (919) 733-7051
Fax:(919) 733-0680

WISCONSIN

The Initiative

Workplace Partnership Training Program

Wisconsin's Workplace Partnership Training Program is an in-house education initiative involving the Wisconsin Board of Vocational, Technical, and Adult Education; the Wisconsin State AFL-CIO, and the Wisconsin Manufacturers and Commerce Association. An outgrowth of the work of a state literacy task force established by the Governor five years ago, the partnership works to form local coalitions of employers, technical colleges, and local unions to develop workplace education programs.

Most employers in the program are manufacturers, though a few public sector employers, small businesses, and service firms participate. The program analyzes job tasks in order to develop curriculum, opens on-site educational centers to provide instruction, and recruits participants. Instruction is both general and job-specific and is delivered through the use of small groups, computers, and individualized tutoring. Instructional television will be tested during the next two years.

The Workplace Partnership Training Program began in 1989 when the state was successful in winning a U.S. Department of Education Workplace Literacy Grant. The state recently was awarded its fourth federal grant for $1.2 million. This will allow Wisconsin to expand the number of sites served and to continue the process of delivering on-site education. About 70 work sites are now being served. The size of the workforce at these sites ranges from below fifty to more than 6,000. The program hopes to serve 6,800 employees in fiscal 1992 and assess 9,000 to 10,000 workers' basic skills levels.

Funding comes from federal and state sources, as well as from private sector contracts for services. For fiscal 1992 U.S. Department of Education grants total $981,256. State funds, provided through incentive grants from the Wisconsin Board of Vocational, Technical, and Adult Education total $836,504. Over the past four years, the state has provided more than $3 million to support the program.

According to the state, the greatest barrier to implementing the Workplace Partnership Training Program has been employers' reluctance to participate. Under the program, businesses must buy into the efforts to provide education and training and are strongly encouraged to continue these efforts once the state program ends. Raising employer consciousness of the need for workplace training is a major goal of the program.

Another barrier is getting workers to participate. To address this problem, the program has turned to union leaders to be peer mentors and to encourage employee participation. Employees seem more willing to accept services when they feel that their union will protect them from any consequences of admitting their need for training.

Contact

Mary Ann Jackson
Project Manager
Wisconsin Workplace Literacy Projects
Phone: (608) 267-9684
Fax:(608) 266-1690

7.

State as Employer Practices

Introduction

In recent years Governors have increased their commitment to helping state employees balance work and family responsibilities. As employers, they are recognizing that pro-family personnel policies and practices can help improve employee productivity and retention rates as well as address labor shortages in the public workforce. As leaders, they see state government implementation of such policies and practices as setting a good example that others may follow.

States are using a variety of strategies to create family-supportive workplaces for their employees. They are encouraging flexible work schedules, expanding family leave policies, instituting telecommuting practices, and providing child care assistance.

Some initiatives are underway almost universally in state government. For example, the Dependent Care Assistance Program enables employees to use pre-tax dollars to pay for child care and uncovered or unreimbursable health costs. It is popular because it offers a low or no-cost, flexible approach to providing assistance in two important employee benefit areas.

States are addressing their employees' child care needs in a variety of ways. These include networks of child care centers for state employees, resource and referral activities, and partnerships between the state and other employers to establish a center serving state and non-state employees. While most states that have set up child care centers have done so by providing space and start-up costs, others are providing or have considered providing operating funds.

Some state initiatives are relatively new or experimental. They include telecommuting pilot projects, modified work schedules to permit and encourage parental participation in the schools, and programs to care for sick children who are unable to go to their usual child care setting.

The growing awareness of the need to accommodate family responsibilities at the workplace unfortunately has coincided with severe budgetary limitations at the state level. As a result, states are seeking low-cost ways to provide benefits to their employees or are reluctantly reducing their financial commitments to their more expensive programs. Dependent care assistance programs and flexible work schedules are two strategies that are particularly well suited to an era of funding constraints. Despite the current fiscal pressures on state governments, it is clear that states plan to continue to help state employees balance work and family obligations to the greatest extent possible.

This chapter includes detailed descriptions of several states' pro-family policies and practices for state employees and profiles of single initiatives in four states. Included in Appendix B is a chart compiled by the Families and Work Institute that details the full range of policies and programs available to employees in all states and the District of Columbia.

CALIFORNIA

California has a diverse array of pro-family programs and policies that include flexible work schedules, parental leave, on-site child care centers, an employee assistance program, and a flexible benefit plan with a Dependent Care Reimbursement Account. The state's family leave policy allows a total of twelve months of unpaid leave for birth or adoptive parents. California state law requires all employers, including the state, to provide a four- month leave without pay for the birth or adoption of a child or the care of a sick or disabled dependent. Employees also may use sick and annual leave to care for a new child or a sick or injured dependent. The state's Employee Assistance Program provides a broad range of services, including short-term counseling for employees and their dependents, legal and financial assistance, elder care, and child care referrals.

Reflecting the unique nature of the state's pollution and transportation concerns, some of California's practices reflect a convergence of strategies to assist families and reduce traffic congestion. These practices range from an alternative work schedule, to a pilot program guaranteeing emergency transportation home, to an experiment in telecommuting.

Child Care

California has been committed to quality on-site child care as an important way to reduce the use of leave for family problems and to improve productivity.

Approximately twenty child care centers have been established since 1984 when a collective bargaining agreement allocated $1 million to develop and provide start-up funds for on- or near-site child care centers. The money carried over from one year to the next or until the statutory authority for the program expired in 1991. Some funds were still available in 1991 for applications already in process, but legislation to continue the program was defeated in the state legislature because of state budget problems.

At the start of the program a Child Care Committee with about twenty-three members representing both labor and management was created to oversee and disperse the child care funds. The state provided a full-time staff person and other administrative support to the committee, including travel funds to provide technical assistance.

Several factors contributed to the success of the initiative. One was the affirmative commitment of both the state and employees to the child care program. Another was the rigorous application process developed by the joint labor-management committee that verified the need for a center and provided some assurance that a local group applying for a start-up grant had a serious commitment to seeing the project through.

Employees who wanted to establish a child care center were required to form a nonprofit corporation, develop bylaws, and conduct a needs survey to establish their commitment to the project. Start-up grants, which averaged approximately $30,000 for a center serving thirty children, covered the cost of telephones, insurance, two months of the director's salary, playground equipment supplies, and food. Money for renovation was available, but in-kind help was encouraged and the employees themselves helped convert some facilities. After an initial six-month phase, the centers became self-supporting.

Recently, the program branched out to develop a child care center serving a consortium of city, county, and state employees with the state providing funds for renovation. As a result, the state received a sizable number of child care slots at relatively little expense.

Alternative Work Schedules

California has a variety of alternative work schedules. These practices have been encouraged by executive order and the Department of Personnel Administration in part as a way to help the state meet air quality standards and address transportation problems.

The most popular arrangement allows an employee a full day off every two weeks in exchange for working eight nine-hour days and one eight-hour day. Also available is the "4/40" schedule (a four-day, ten-hour week), though this is a less popular choice because of the resultant absence of supervisors during extended hours and the perception that employee productivity declines.

Guaranteed Trip Return

In 1990 the California legislature approved and the Governor signed a bill setting up a two-year pilot program providing transportation home in emergency situations to employees using mass transit or participating in ride sharing. The state program is part of a larger pilot involving other public and private sector employers. It is funded at a level of $40,000 per year and currently has thirty-eight agencies in twelve major California cities participating. The project is administered by the General Services Department and offers the use of state or rental cars or pays for taxicabs, depending on the distance traveled. Strict guidelines have been developed to control any possible abuse.

Employees must register in advance to use this service. Approximately 1,500 have enrolled, and $15,000 has actually been spent under the program. The state considers this cost to be exceedingly low for the benefits that are derived. The program ends December 31, 1992; the state is required to report back to the legislature by July 1993.

Telecommuting

The California Telecommuting Pilot Project initially was a two-year project from 1988 to 1990 involving seventeen different state agencies. It was conceived as a way to deal with surplus demand for state government office space, but also has helped to reduce commuter fuel consumption and traffic congestion, and has improved employee recruitment, productivity, and retention. A Council of State Governments' article on the project explained, "There is evidence...that telecommuting has provided employees greater control over their lives and schedules and opened job opportunities to many who traditionally have been underrepresented in the labor force, including handicapped workers, women with young children, and women on maternity leave."

Agencies loan computers to employees who used them from their homes. Both the telecommuters and their supervisors attended training workshops addressing issues relating to establishing home offices, supervising workers in remote sites, and scheduling and developing working relationships in a telecommuting arrangement. As a result of the pilot, the results of which surpassed the expectations of its developers, California has passed legislation authorizing agencies to establish telecommuting programs.

Contacts

David J. Tirapelle
Office of the Director
California Department of Personnel Administration
Phone: (916) 322-5193
Fax: (916) 322-8376

For information on telecommuting:

David Fleming
California Division of Telecommunications
Phone: (916) 324-6099

MASSACHUSETTS

The Governor has taken steps to substantially expand family leave policies for state employees. Pending reforms would increase the number of days available to parents who have just given birth to or adopted a child, increase the amount of family leave for employees to care for sick relatives, increase vacation time, and expand flex-time options. At the same time, and in exchange for these reforms, the Governor is working to increase state worker productivity through efforts to reduce sick leave abuse and implement total quality management principles, merit-based pay, and performance bonuses. These reforms are considered important steps to respond to changing family needs and provide alternative, largely non-monetary benefits to state employees at a time of fiscal constraint.

While these reforms apply only to state employees, the Governor hopes that private sector employers will follow the state's lead. Massachusetts' existing leave policies and child care benefits are described below.

Flex-time

In 1974 a Massachusetts general law granted authority for the state to explore alternative work hours. Today the flex-time policy is applied on a unit-wide basis with union participation. In addition to the flex-time policy are staggered, part-time, and job-sharing arrangements. Flexible hours are established taking into consideration the availability of supervisors, round-the-clock needs, availability to the public, and other similar factors. Part-time employees must work a minimum of 18.75 hours per week to receive prorated sick, personal, and vacation leave; full health benefits; and a minimum level of life insurance. Approximately 8,000 to 10,000 employees take advantage of these options.

Family Leave

State law determines a minimum—not a maximum—family leave policy, and the union contracts are coordinated with state law. Through negotiations, the unions can expand the family leave policies. Currently, state law provides a maximum of eight weeks of unpaid maternity leave with benefits and the ability to buy into the health insurance plan at the group rate. At the appointing authority's discretion, employees can use personal and vacation leave and sick leave if there is a disabling condition. State law also guarantees up to eight weeks of leave for mothers adopting children up to eighteen years of age or disabled children up to age twenty-three. Further, up to ten weeks of unpaid family leave is available to most union employees. Up to two weeks of sick leave annually may be used by all employees to care for immediate family members who are ill.

Child Care Centers

There are approximately twenty-four child care centers, many of which serve the state's university system. Between 1987 and 1990 funding was provided to establish four centers at state hospitals through a joint labor-management initiative.

Dependent Care Assistance Program

This three-year-old program, which allows employees to use pre-tax dollars to pay for the care of children or elderly dependents, is very popular with employees. It provides a way to offer a benefit without an expenditure of state funds.

Contact

Robert C. Dumont
Personnel Administrator
Massachusetts Department of Personnel Administration
Phone: (617) 727-1556
Fax: (617) 727-1175

NEBRASKA

The state of Nebraska has pursued aggressively a number of pro-family policies. The Department of Personnel has been actively involved in the development of family supportive initiatives for state employees; issues also are resolved through labor-management discussions.

Flex-time

The state of Nebraska has a strong commitment to flex-time policies, which were initiated about five years ago. With the recent change in administration, the Governor sent all agencies a memo reaffirming the state's flex-time policies and urging agencies to re-examine and implement alternative work schedules. A survey by a joint labor-management Dependent Care Committee, to which 2,400 employees responded, indicated that flex-time is the number one choice for addressing child care needs.

Flex-time in the state of Nebraska includes flexible schedules, which allow workers generally to choose their daily arrival, departure, and lunch hours while working within specific core periods in an eight-hour day; staggered arrival and departure hours; part-time arrangements; a compressed work week; and job sharing. Job sharing is arranged on a case-by-case basis.

Leave Policies

While there is no specific maternity leave per se, employees can use sick leave, with full pay and benefits, for any time that is medically necessary for a period of up to six weeks. After that period, an employee can take either vacation time or leave without pay. Specific arrangements are left to the discretion of the agency director. Six weeks of unpaid leave for adoption is specified in the labor contract. While on adoption leave, an employee may continue to participate in the health care and life insurance plans, if she or he pays the full premium. In addition, an unpaid leave of absence for up to one year can be used for personal and/or family needs or for medical or educational purposes.

Dependent Care Assistance Program

In 1991 for the first time the state implemented a flexible spending account benefit, providing a before-tax method of paying for dependent care for children, parents, or other family members. Employees may also set aside pre-tax earnings to pay for the medical expenses of employees or family members not covered by insurance. About 600 to 700 employees participated during the first year; and the Department of Personnel expects the program to more than double in 1992. The state regards this program as a workable alternative to on-site dependent care because it limits liability problems and avoids equity concerns among employees without children who would not receive a comparable benefit. The state also offers an IRS Section 125 Tax Plan that permits the use of pre-tax dollars for health insurance and retirement.

Child Care

The state continues to study the feasibility of on-site dependent care. An interagency task force conducted a needs assessment and developed a questionnaire from which a comprehensive report was written. The expansion of dependent care continues to be studied as a benefit goal, and a pilot center is being considered.

Statewide Employee Assistance Program

An Employee Assistance Program is available for any employee or family member to address any personal problem. Each state agency continues to conduct the program independently, but the contracting for services has been centralized in the Department of Personnel.

Contact

Gwendolyn Combs
Director of State Personnel
Nebraska Department of Personnel
Phone: (402) 471-2833
Fax: (402) 471-3754

NEW HAMPSHIRE

New Hampshire has taken several steps toward developing policies and programs that specifically address family needs. The state's personnel policies permit flex-time arrangements with supervisor approval. Mothers may utilize available sick time for maternity leave provided they are certified as disabled by their doctor. Mothers and fathers, including adoptive parents, can use annual leave and leave without pay to care for a new child, though leaves for longer than ninety days must be approved by the Governor and the executive council.

One of the first pro-family programs established by the state was an Employee Assistance Program, which provides resources and referrals for state employees and their families. Although the program has dealt primarily with substance abuse problems, it represented the beginning of a general recognition that work and family are closely interrelated. More recent initiatives are the creation of several child care centers for state employees and the Dependent Care Assistance Plan.

Child Care Centers

New Hampshire started a child care center on the campus of New Hampshire Hospital in Concord in 1988. Hospital facilities for the mentally ill and other state agencies are housed on the campus. The state's objective in establishing the child care center was to enhance the recruitment of nurses at the hospital.

The Concord center is run by an outside provider selected through an RFP process because the state considered this the quickest, most efficient, and most cost-effective way to get a center started. An advisory board, which includes a seat for the Governor or his or her representative, considers such issues as financial matters, physical plant facilities, and the rate structure.

To establish the center, the Governor's office contributed $10,000 for start-up costs, and the Department of Mental Health donated $90,000 for renovation costs. The state also donated space for the center. The state has provided limited subsidies to hold down parent fees in the past and continues to provide in-kind space and capital improvement support. The center is currently self-supporting and available to all state employees

Three other centers have been established at state technical colleges to serve both employees and students. One of the primary purposes is to make it easier for older students —including Aid to Families with Dependent Children (AFDC) recipients participating in a Job Opportunities and Basic Skills (JOBS) Training program and single parents— to return to school.

Issues the state expects to be addressing shortly are the future capital needs of the child care center in Concord and financial responsibility. The state is concerned about equity issues that may arise by providing state resources for a benefit that is not universally available statewide. This concern also is influencing consideration of the use of state resources to open additional centers.

Dependent Care Assistance Plan

The state started a Dependent Care Assistance Plan plan two years ago to provide employees with a benefit without an expenditure of state funds at a time of limited financial resources. The state uses savings generated through Social Security taxes—as a result of reduced taxable wages—to pay the administrative costs of the program. As a result, there are no employee administrative charges. The plan covers both child care and medical costs not paid by an insurance carrier.

Contact

Kathleen G. Sgambatti
Assistant Commissioner
New Hampshire Department of Health and Human Services
Phone: (603) 271-4602
Fax: (603) 271-2896

NEW YORK

Based on the belief that employee productivity and retention is enhanced by relieving the stress inherent in balancing work and family responsibilities, New York has instituted over the last decade a comprehensive set of pro-family policies and programs for its employees. The state regards these policies and programs as part of its pro-family strategy.

Leave

New York has a full range of leave policies, including a unique policy, called TOTS, which allows employees to take unpaid leave to care for their children during the summer. In addition, the state offers a generous family leave policy, which provides seven months of unpaid job-guaranteed leave for the birth or adoption of a child and must be granted if requested, and discretionary leave of up to two years without pay subject to approval by the employee's supervisor. The family leave policy is available to either parent for birth or adoption or for elder care. While on leave, employees have the option of maintaining their health benefits by paying the premium. In addition, employees can take up to fifteen days of paid sick leave and three to five days of paid personal days with benefits to care for dependents.

Alternative work schedules are an integral part of the New York personnel system. There is a formal statewide flex-time policy that is being used by sixteen agencies. In addition, 10,000 employees are working part time under a system that requires a minimum of 50 percent time to receive prorated benefits. Job sharing also is permitted with a supervisor's approval under the same conditions for benefits as those working part time.

Child Care

New York has been a leader in addressing state employees' needs for day care. Its system involves fifty on-site day care centers now serving about 3,150 children.

The first center was established in 1979 and resulted from a process that began in the early 1970s when union contracts started to include language about developing on-site child care. By 1979 state officials and the union leadership recognized the need to create a structure and come up with financing to turn the contract language into a reality. Empire State Day Care Services, a separate nonprofit organization, was created to set up and run the first center in Albany in 1979. It was established as a separate legal and financial entity to avoid creating a new unit within state government. Subsequently it supervised new centers and provided training. The organization is no longer involved in the project.

In seeking to expand beyond the first center, major barriers had to be overcome. First, there was a concern that the state not compete with the private sector in providing child care—a concern that was easily overcome by documenting the lack of licensed child centers compared with need. Second, there were concerns about liability, quality, structure, and finances. The liability issue was addressed directly by ensuring that each center is a separate legal entity with its own board of directors that is required to purchase liability insurance.

The state also recognized the need to create an ongoing structure and established the New York State Labor/Management Child Care Advisory Committee in 1981. Today, this committee has a staff of eight professionals who oversee the state's Dependent Care Assistance Program (DCAP), review funding proposals from new centers, approve and administer grants programs, and provide technical assistance and monitoring. Funding is provided through the collective bargaining process.

The committee's annual budget has averaged slightly less than $2 million, with some years significantly higher. In addition to supporting the committee's staff and the administrative costs of DCAP , the budget finances a variety of grants for centers and administration projects and provides one-year start-up grants, which average about $90,000 for a fifty-five child center. Since 1988, the committee also has provided operating grants to ensure that parent fees are affordable and to maintain program quality. Each of the centers has a sliding fee schedule based on family income.

New York has reached its original goal of fifty centers. Currently, twenty-one serve employees of state facilities for the mentally ill and developmentally disabled where management regarded the availability of child care as an important recruitment and retention device. Fifteen other centers are located at state university sites and serve both students and university employees. The remaining centers are located elsewhere throughout the state.

While the state's fiscal problems are expected to slow continued expansion, there is a continuing commitment to the centers and to providing ongoing technical assistance and operating grants.

Recognizing that on-site day care is only one of many important child care strategies, the New York State Labor/Management Child Care Advisory Committee is just completing and evaluating four demonstration projects that include enhanced child care resource and referral services, evening-shift child care programs, partnership projects, and mildly ill child care. The resource and referral services have provided staff at the work site to do outreach with state employees, especially in New York City, where finding suitable child care center locations can be particularly difficult. Low enrollment has resulted in the discontinuation of all but one evening shift program. The partnership projects involve the creation of a child care center jointly with a non-state employer where space or cost would otherwise make a center unfeasible. The mildly ill child care program sends trained child care center staff to employees' homes to care for sick children for a small fee. It is expected that the results of these demonstration projects will be discussed with union representatives in the summer of 1992 to determine priorities for the future.

Dependent Care Assistance

New York also is in its second year of the Dependent Care Assistance Program, which allows employees to set aside pre-tax dollars in a reimbursement account for child, elder, and disabled dependent care. In cooperation with the public employee unions, the state initiated the program in January 1991.

In addition to being consistent with the state's pro-family policy, the state determined that savings from reduced FICA costs would offset a loss of state income tax revenue. Currently, 2,100 individuals are enrolled. There is concern that the first-month costs of paying the child care provider and starting the salary deduction prior to receiving reimbursement may be limiting participation. The Child Care Advisory Committee, which devotes almost two full-time staff to the program, is looking for ways to increase participation.

Contacts

Mardi J. Massaroni
Director of Communications
New York Governor's Office of Employee Relations
Phone: (518)-473-8766
Fax: (518)-473-6795

Deborah Miller
Staff Director
New York Labor/Management Child Care Advisory Committee
Phone: (518) 473-8091
Fax: (518) 473-3581

VERMONT

Vermont's Governor has been very active in promoting pro-family policies both for state employees and Vermont citizens in general. The state's maternity leave policy provides six weeks of leave as a medical disability for which sick leave can be used, plus up to another four months of unpaid parental leave. The state also provides up to six months of unpaid leave for adoption. The Governor was an active supporter of a family leave bill. Enacted into law this year, it provides twelve weeks of unpaid leave in the case of a serious illness of a family member. It applies to all Vermont firms with fifteen or more workers and includes state government employees.

The state offers a variety of flexible work schedules, which have been available to state employees for more than ten years. Many workers utilize ten-hour/four-day work weeks and other "flexible" schedules.

Soon a Dependent Care Assistance Plan, a priority of the Governor, will be made available to state employees. The Child Care Labor-Management Committee has designated the funds.

The Governor also is an active supporter of developing child care services and believes that the state should act as a catalyst to develop child care resources. During recent contract negotiations with the Vermont State Employees Association, the Governor supported the continuation of a $250,000 child care fund, despite budgetary constraints.

Vermont's employee child care program has existed since the mid-1980s and has two goals: to provide better access to child care for state employees and to expand the number of quality child care providers in the state.

Administered by a Child Care Committee, which includes representatives from both labor and management, the basic strategy of the state's child care program has been to finance the start-up costs of various child care centers and programs serving state employees and the general public whenever possible. The committee negotiates reduced rates and priority for child care slots for state employees in exchange for providing start-up costs. This approach is consistent with both goals of the program and reflects the state's rural character and geographic dispersion of state employees, which make it difficult to sustain child care centers serving only state employees. Approximately twelve to fifteen programs have been funded since the committee's inception, including two to four on- or near-site centers.

Among the other programs funded by the Child Care Committee is the Laura Brooke Family Day Care Network in the Montpelier area. It includes fifteen providers who share a professionally developed thematic curriculum, equipment, transportation, and substitute care. The Child Care Committee is working to start an additional family network for Chittenden County.

Contacts

Kathleen Hoyt
Chief of Staff
Office of the Governor of Vermont
Phone: (802) 828-3333
Fax: (802) 828-3339

Pat DeGraw
Commissioner
Vermont Department of Personnel
Phone: (802) 828-3491
Fax: (802) 828-3409

WASHINGTON

Washington State has a twenty-five-year tradition of activism on pro-family issues. Many of the state's leave policies and family benefits are the direct result of the leadership of both the Governor and the state's director of personnel.

The state offers a variety of leave options and flexible work schedules to its employees. With supervisor approval, both mothers and fathers can have unpaid job-guaranteed leave for newborn or adoptive children for up to six months, and extended unpaid elder care leave for up to twelve months in a five-year period. The state also permits the use of five days of sick leave per year to care for an ill dependent, and three days of sick leave per year for emergency child care requirements.

State employees also make widespread use of flex-time options. Each agency is permitted to establish, in conjunction with union representatives, its own starting and quitting times without any limitations, provided that the adjusted schedules do not impede the provision of public services. Washington also encourages job sharing and has established a telecommuting project led by the state's Department of Energy.

The state has made significant strides in the child care area over the past eight years. Funds for the first child care center for state employees were made available in 1984, when the legislature provided $90,000 to remodel a state-owned building in Olympia. The center is run by a private child care provider under a contract with the Department of Personnel. It is licensed to care for fifteen children from infancy to age five. A second center opened in 1989 at a cost of $560,000 with space for sixty-eight children. Originally, the legislature approved each center on a case-by-case basis through the appropriations process. However, the Governor and legislature determined that a more effective way to expand child care services would be to establish a child care fund in the state's capital budget.

The Department of Social and Health Services is responsible for administering the Child Care Fund so that it can be coordinated with the activities of the Child Care Coordinating Committee, which is responsible for assessing child care needs in the state more generally. In 1991 the fund financed ten proposals at a total cost of $600,000. In 1992 the Governor requested and received $2.5 million for the next biennium.

In 1991 child care grants ranged from $10,000 to expand by ten slots an existing program to $135,000 to create a new center. Buying slots in existing centers is regarded as the most effective way to address state employee child care needs in rural Washington. In general, there is a strong disposition to contract out the centers to private providers.

Contacts

Gerard Sidorowicz
Executive Policy Assistant
Washington Office of the Governor
Phone: (206) 586-6086
Fax: (206) 586-8380

Scott Turner
Assistant Director
Human Resource Development Division
Washington Department of Personnel
Phone: (206) 586-1342
Fax: (206) 586-6695

Karen Tvedt
Office Chief
Washington Office of Child Care Policy
Phone: (206) 586-6066
Fax: (206) 586-1040

BEST COPY AVAILABLE

IDAHO

The Initiative

Leave for State Employees to Volunteer in Public or Private Schools

Last January the Governor issued an executive order establishing a state policy to permit and encourage state employees to take leave with pay for one hour per week or up to four hours per month to volunteer in public or private schools. Employees are not limited to participating in their own children's schools.

Modeled after one of the components of the Governor's Strong Start: 5 Keys to Excellence education reform effort, the executive order is based on four principles:

- Parents and adults play a critical role in providing children with the values and skills essential to their success in school and later in life.
- A child's achievement in school is enhanced by good parent/teacher relationships and by parents playing an active role in the education of their children.
- Parents have a responsibility to participate in the education of their children.
- The Governor and state superintendent of public schools should encourage parents and other interested adults to become involved in the learning experiences of children by providing educational experiences for children, visiting classrooms, participating in field trips, and conferring regularly with school personnel.

The executive order states that arrangements should be worked out on a department-by-department basis at a time convenient to both the employee and his or her immediate supervisor. The Governor intentionally did not establish a centralized organization and prescriptive guidelines because the Governor wanted each agency to determine the best approach to accommodate its own employees, while ensuring that government services are not disrupted. In addition, the Governor wanted to permit different agencies to implement the executive order differently because of the Governor's belief in empowering people to reach their objectives in their own way.

After signing the order, the Governor's office worked with Boise State University and the Boise Public School District to plan a series of workshops led by school principals and teachers to help employees make the most of their volunteer experience. The Governor sent a memorandum to all agency directors announcing the first two sessions and encouraging their support of the program. The sessions were very well attended.

After the first general sessions, additional, more specific meetings were conducted. For example, one session addressed the unique needs of thirteen-year-olds and was designed as parent education, as well as guidance for volunteers.

State employees are involved in a range of activities from participating in field trips or excursions to the park to talking about life after high school graduation or actually helping teach in the classroom.

Because the agencies are utilizing existing staff to cover agency functions when others are on leave, there have been no additional costs associated with this effort.

Contact

Julie Cheever
Special Assistant to the Governor of Idaho
Phone: (208) 334-2100
Fax: (208) 334-2175

INDIANA

The Initiative

Leave to Participate in Schools

On October 18, 1989, Indiana's Governor signed an executive order instructing state agencies to make reasonable efforts to facilitate employees' requests for flexible work schedules, job sharing, compensatory time off, and personal and other leaves of absence to foster their involvement in their children's education. The executive order encourages state employee participation in parent-teacher conferences, classroom activities, and other school activities. It also encourages other Indiana employers to implement similar policies for their workers.

The Governor's order is based on three principles:

- Education is the joint responsibility of individuals, parents, employers, schools, and government.
- Parent involvement is essential to the academic achievement of children.
- State government should serve as an example for all Indiana employers in providing the maximum opportunity for parental participation in their children's education through flexibility in scheduling work.

One major implementation challenge has been sustaining awareness of the order. However, where it has been used, it has clearly had a positive effect, as a letter to the Governor from an elementary school principal in Indianapolis indicates:

"Recently, the mother of one of our students came to school... It was a weekday afternoon, and this working mother was able to spend two hours with her son in his classroom.... The experience was beneficial to both the mother and the son. The mother gained a greater understanding and appreciation of what goes on in the daily life of our school, and her son (as well as his classmates) received a very clear message about how important his education was to his parent."

Contact

Nancy Cobb
Director of External Services
Indiana Commission on Vocational and Technical Education
Office of the Governor
Phone: (317) 233-4198
Fax: (317) 232-3443

OHIO

The Initiative

Child Support Enforcement Actions

One of the Governor's priorities upon entering office in January 1991 was to make improvements in the Ohio and national child support enforcement system. As an employer of a significant segment of the state's population, the Governor believed that state government should take steps to ensure that its own employees are being paid the support they are owed and are properly meeting child support obligations.

The Governor began a pilot program in which state employees voluntarily sign a statement indicating whether they owe child support and are current with their payments or are owed child support and are receiving the amount due. In either event, the case is referred to the Ohio Child Support Enforcement Office. The program began with employees in the Human Services Department and has since expanded to all employees of the state.

The use of the statements has increased referrals to the Child Support Enforcement office as well as heightened employees' awareness of the issue. When the program first began, the state employees' union raised questions, but since the statements are signed on a voluntary basis, there were no serious objections. The program costs virtually nothing and seems to have a beneficial effect on employees' attitudes overall. Employees and employers are assured that the state is doing everything it can to ensure that its employees are meeting their financial obligations and are being assisted if they are owed support.

Contact

Keith Moon
Deputy Director
Ohio Department of Human Services
Phone: (614) 752-8209
Fax: (614) 752-9760

SOUTH DAKOTA

The Initiative

Leave to Encourage Parental Involvement in Schools and Families

Improving the educational system is among the South Dakota Governor's five primary goals for the state. One of the Governor's strategies to achieve this goal has been to set an example as an employer of state employees. The Governor's office, working with and through the Bureau of Personnel, has implemented two complementary leave policies designed to encourage parent and adult participation in the schools and make it easier for parents to be available to their children.

The first policy, called the School/Work Adjustment Program (SWAP), was initiated in 1990. It permits employees to adjust their hours, instead of taking leave, so that they may volunteer in the schools. Essentially SWAP allows for a compressed work week within certain parameters. Workers may work shorter hours on one day to spend time in a school, as long as they pay back the time during the same week. The policy does not define a minimum or maximum work day. Employees may, for example, volunteer as crossing guards (nearly all school crossing guards in South Dakota are volunteers), read to a class, or participate in field trips.

The second policy, which was implemented during the summer of 1992, revises the state's flex-time policy to allow state employees more flexibility to meet the needs of their families. Although some agencies previously had a flex-time policy, the Governor believed a standard statewide policy was needed. As a result, in June 1992 the Bureau of Personnel issued a memorandum establishing new flex-time guidelines to be implemented whenever possible. Each cabinet officer must develop a flex-time plan for his or her own department, which must be approved by the bureau.

The new policy clearly establishes that its goal is to help parents meet their children's needs. To enable parents to be available before and after school and make it easier for them to be involved in their children's education, employees may devise with their supervisors any schedule between 7:00 a.m. and 6:00 p.m.

South Dakota also recently updated several other leave policies. In February 1991, the state adjusted its policy governing the use of personal leave to care for an ill family member. Previously, state policy permitted the use of up to forty hours of personal leave per year from an employee's sick leave bank to be used for emergencies. Because the interpretation of "emergency" varied widely throughout state government, the Governor decided it would be more equitable to extend the policy to permit the use of this personal leave in nonemergency medical situations.

In addition, South Dakota revised its maternity leave policy in 1989 to guarantee a minimum of six continuous weeks of leave utilizing available annual or sick leave or taking leave without pay. The previous informal practice had been to allow four weeks. Women also may take more than six weeks if it is medically necessary and they may return to work part time with the approval of their supervisor.

The state also has a flexible benefits plan that allows employees to use pre-tax dollars to pay for child care and unreimbursed medical expenses. The program is administered by the state at no cost to the employee.

South Dakota has focused primarily on revising its leave policies as a way to help employees balance work and family because the Governor considers these modifications relatively inexpensive investments that produce substantial returns. Also, employees prefer to see available financial resources applied to salary increases.

Contact

Sandy Jorgensen
Director of Compensation
South Dakota Bureau of Personnel
Phone: (605) 773-3148
Fax: (605) 773-3686

8.

Public Awareness Initiatives

Introduction

Through declarations of special months, years, or decades, Governors can honor and highlight the exemplary efforts of persons or organizations serving children and families. Moreover, these public awareness initiatives may encourage the development of new public-private partnerships to address the needs of these populations.

Often jointly sponsored and funded by nonprofit organizations and the business community, the Governor's office can provide the leadership and the visibility to make such initiatives highly successful. In many cases these activities can be carried out at little or no cost to the state.

The programs described in this chapter are a sampling of the numerous efforts to support children and families that are underway across the nation. They rely on public outreach and education and community involvement and commitment.

COLORADO

The Initiative

Decade of the Child

The Decade of the Child initiative in Colorado establishes and annually measures the state's goals for improving the lives of Colorado's children and youth by the year 2000. A combined effort of the Colorado Children's Campaign, the Governor's office, several state agencies, and more than 500 organizations statewide, the Decade of the Child has served as a catalyst in addressing the needs of children and their families in the state.

Following a set of visionary goals laid out by the Governor's Families and Children Policy Academy, the Decade of the Child adopted in 1989 measurable outcomes designed to improve the plight of Colorado's children. The goals of the initiative include:

- Developing the capacity of families to ensure optimum growth and support for children;
- Providing the opportunity for families and children to live in a nurturing and stable environment where each family member's needs are met;
- Providing children with the opportunity for educational achievement that will lead to productive and satisfying lives; and
- Providing opportunities for employment and income sufficient to meet family needs.

Each goal is accompanied by a series of outcome objectives designed to meet the specific goal. For example, the goal to develop the capacity to ensure optimum growth and support for children is being measured by the increase in the number of pregnant women receiving prenatal care in their first trimester.

To ensure that all Colorado families share and adopt the common goals, eight regional community forums are being held to describe the goals and objectives and discuss ways to achieve them. The Governor's office, the Colorado Children's Campaign, private foundations, and Public Service, which is Colorado's largest public utility, are underwriting the forums. To date, more than 1,200 people have participated in these forums, and the feedback has been highly positive.

An annual report card highlights the state's progress in achieving the goals and objectives. The 1990 and 1991 reports analyze progress at both the state and county levels.

Based on the enthusiastic response from individuals and organizations across the state, it is clear that the Decade of the Child has increased awareness of the importance of children and families to the future of Colorado. The initiative also has prompted numerous actions to improve their well-being and potential to live productive lives.

Contact

Donna Chitwood
Deputy Director
Office of Policy and Initiative
Office of the Governor of Colorado
Phone: (303) 866-2888
Fax: (303) 866-2635

HAWAII

The Initiative

Year of the Family

Hawaii has designated 1992 as the Year of the Family. Beginning with the passage of Act 337, a bill to establish a Commission to Celebrate the Year of the Family, the state has embarked on a year-long effort to promote the importance of families in Hawaii. The initiative is based on the need to strengthen families and recognize their importance in the community. Act 337 reads: "In all cultures and in all ages, a strong family unit has been the foundation upon which all great societies have been developed. In an era where the ever-increasing strains of a growing society have escalated the need to recognize the importance and necessity of a strong family unit, the Governor of the

State of Hawaii and the State Legislature finds that a celebration to honor the importance of the family and to sustain and nurture family life is appropriate."

The goals of the commission are to educate, inspire, and serve as a catalyst for action in recognition of the importance and diversity of the family. "Our investment today in healthy, secure families will result in safer communities, greater productivity, and quality of life for all our citizens." Appointed by the Governor, the commission includes representatives from Hawaii's four counties, government, business, labor, and the community at large. Its primary role is to plan celebration activities that will occur throughout 1992.

The commission has called for the participation of individuals, families, community organizations, businesses, and government agencies. The year-long celebration will coincide with community activities to encourage others to focus their events around the celebration.

Funding for the year-long celebration is provided by the state, individuals, and private sources. It includes monetary and in-kind contributions.

Contact

Kathleen Ka'iulani de Silva
Director
Hawaii Governor's Office of Children and Youth
Phone: (808) 586-0110
Fax: (808) 586-0122

NORTH CAROLINA

The Initiative

Early Intervention Month for Children with Special Needs

In an effort to urge the citizens of North Carolina to support services for children who have or are at risk for developmental disabilities, the Governor has taken several steps to draw attention to the special needs of the state's disabled children and their families.

In January 1987 North Carolina formally declared its intention to participate in the federal program to provide special education and other related services to disabled children ages three to five and early intervention services for infants and toddlers up to age three. The services are funded by a mix of state and federal dollars. However, to be eligible for federal funds, states must have a law or official state policy mandating early intervention services for children from birth to age three and special education services for children ages three to five. The Governor initiated several efforts to educate the public about the need for and importance of providing such services to gain support for passage of the mandates required to participate in the federal program.

In 1990 and 1991, November was designated as Early Intervention Month for Children with Special Needs. The proclamation explains: "Early intervention services improve physical, language, cognitive and speech development, as well as self-help skills. It reduces dependency on society and the need for special class placement, thereby saving substantial costs to our schools and society." To launch the Early Intervention Month initiative, the Governor held a press conference and photo opportunity in his office with two families who have children with disabilities. The event was publicized in newspapers across the state to promote local activities in support of the initiative.

In addition, in 1990 the Governor held a conference to promote further the cause of supporting children with, or at risk for, developmental disabilities and their families. Drawing on experts and families from all over the state, the conference primarily focused on the needs and experiences of families with children who have special needs. Parents of disabled children were invited to attend and day care was provided for both disabled children and their siblings. The conference included presentations by experts in early intervention services for disabled children and their families and presentations by parents and/or entire families. The conference was supported by federal and state funds and private contributions.

Contact

Kim Lake
Executive Director
North Carolina Interagency Coordinating Council for Young Children with Special Needs and Their Families
Phone: (919) 733-5993
Fax: (919) 733-7447

VIRGINIA

The Initiative

Decade of Youth and Families

An executive order signed by the Governor in 1990 declared the 1990s the Decade of Youth and Families. The order accentuates the fact that Virginia's young people and their families are the building blocks for the future of the state. The order mandates that all government agencies participate in a statewide effort to increase and enhance the delivery of services to children and their families.

Given the economic downturn in the state, the decline in available funding, and the increased demand for human services programs, it has become necessary to do more with less. As a result, the administration embarked on Project Streamline to reduce duplication in service delivery.

Responding to the executive order, state agencies have emphasized interagency coordination to ensure the health, safety, and welfare of Virginia's youth and families. Significant advances have been made in the areas of child health, youth employment and training, family preservation, drug abuse prevention, early childhood development, and child support enforcement. For example, the Department of Taxation has developed the Debt-Set-Off program to assist in the collection of delinquent child support payments. The department cross-references tax refunds and child support obligations, and if payments are outstanding the tax refund is transferred to the Social Services Child Support Enforcement Division for appropriate distribution.

Contact

Ann Myers
Public Information Officer
Virginia Department of Taxation
Phone: (804) 367-8006
Fax: (804) 367-0971

The Initiative

Governor's Award for Volunteering Excellence

In 1984 the Virginia General Assembly asked the Office of Volunteerism to establish and provide assistance to a statewide program of volunteer recognition financed by private donations and managed by private citizens. In 1986 the first citizen steering committee established the Governor's Award for Volunteering Excellence (GAVE), which is presented each year in conjunction with National Volunteer Week. In April 1987 the first GAVE ceremony was held at the Governor's mansion, and subsequent ceremonies have been held at the Virginia Museum of Fine Arts in Richmond.

To begin the selection process for GAVE, nomination forms are mailed each fall to more than 6,000 leaders of volunteers and volunteer programs. In 1992 about 600 nominations were received. To ensure equitable representation from across the state, the Office of Volunteerism follows the districts of the Virginia House of Delegates in determining the regions for judging. The office forwards the nominations to voluntary action centers in each region. Each center then assembles a panel of local citizens to judge the nominees from their region. These regional judges select fifty-eight finalists, and from this list, the state judging panel chooses twenty-nine gold medal winners and twenty-nine silver medal winners.

GAVE recognizes all types of excellence in volunteering, including efforts relating to families and the workplace. For example, one recent GAVE recipient was honored for his creation of an after-school tutoring/mentoring program for low-achieving minority students from two elementary schools in Alexandria, Virginia. This volunteer convinced parents of the benefits of the innovative program, won teachers' approval, and persuaded the school system to transport the students to his place of employment—the Pentagon. By bringing children to the workplace, the program offered employed people a chance to participate in an activity that they otherwise might not have considered due to their inability to serve during school hours. In addition, the children receive the benefit of exposure to the professional world of work.

Utilities, banking institutions, and other private corporations have contributed to this volunteer recognition program through financial and in-kind support.

Contact

E. Janet Reddick
Program Evaluation Manager
Virginia Office of Volunteerism
Phone: (804) 786-1431
Fax: (804) 371-8654

Bibliography

The Barbara Bush Foundation for Family Literacy. *First Teachers: A Family Literacy Handbook for Parents, Policy-Makers, and Literacy Providers*. Washington, D.C.: The Barbara Bush Foundation for Family Literacy, 1989.

Barthel, Joan. *For Children's Sake*. New York, N.Y.: Edna McConnell Clark Foundation, Foundation for Child Development, and Skillman Foundation, 1992.

Bond, James T., Ellen Galinsky, Michele Lord, Graham Staines, and Karen Brown. *Beyond the Parental Leave Debate: The Impact of Laws in Four States*. New York, N.Y.: Families and Work Institute, 1991.

Bruner, Charles. *Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services*. Washington, D.C.: Education and Human Services Consortium, 1991.

Bruner, Charles, and Dick Flintrop. *Developing Comprehensive, Family-Centered Child Welfare Systems—Emerging State Strategies*. Draft Report for Iowa City, Iowa: National Maternal and Child Health Resource Center, University of Iowa, January 1992.

Center for the Future of Children. *The Future of Children: School-Linked Services*, vol. 2, no. 1. Los Altos, Calif.: David and Lucile Packard Foundation, spring 1992.

Children's Defense Fund. *Who Knows How Safe?* Washington, D.C.: Children's Defense Fund, 1990.

Chynoweth, Judith K., and Barbara R. Dyer. *Strengthening Families: A Guide for State Policymaking*. Washington, D.C.: Council of Governors' Policy Advisors, 1991.

Farrow, Frank. "Services to Families: The View from the States." In *Families in Society: The Journal of Contemporary Human Services*, May 1991, pp. 268 - 275.

Farrow, F., T. Grant, and J. Meltzer. *Challenges and Opportunities for Public Policies on Family Support*. Prepared for the Colloquium on Public Policy and Family Support, April 1990.

Kagan, S. L. "America's Family Support Movement." *Family Resource Coalition Report*. Chicago, Ill.: Family Resource Coalition, 1991.

Lord, Michele, and Margaret King. *Work-Family Programs*. New York, N.Y.: Families and Work Institute, 1991.

McGee, Laurie. *Employer-Supported Child Care: Profiles of State Policies*. Madison, Wis.: School of Family Resources and Consumer Sciences, University of Wisconsin - Madison, 1989.

Melaville, Atelia. *What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services*. Washington, D.C.: Education and Human Services Consortium, 1991.

National Commission on Children. *Beyond Rhetoric: A New American Agenda for Children and Families*. Washington, D.C.: National Commission on Children, 1991.

New York State Council on Children and Families. *The New York Parents Initiative: Strengthening Families through Parent Education and Support*. Albany, N.Y.: New York State Council on Children and Families, 1991.

Price, Simani M. *Innovations: California's Telecommuting Pilot Project*. Lexington, Ky.: Council of State Governments, 1991.

Silvanik, Robert A. *Toward Integrated Adult Learning Systems: The Status of State Literacy Efforts*. Washington, D.C.: National Governors' Association, 1991.

Smith, Sheila, Susan Blank, and Ray Collins. *Pathways to Self-Sufficiency for Two Generations: Designing Welfare to Work Programs that Benefit Children and Strengthen Families*. New York, N.Y.: Foundation for Child Development, 1992.

Statan, J., T. Ooms, and T. Owen. "Family Resource, Support, and Parent Education Programs: The Power of a Preventive Approach." Background Briefing Report, Family Impact Seminar, Washington, D.C., 1991.

Waszak, Cynthia, and Sharon Neidell. *School-Based and School-Linked Clinics - Update 1991*. Washington, D.C.: Center for Population Options, 1992.

Appendixes

Appendix A
State-Enacted Family and Medical Leave Laws

The Women's Legal Defense Fund provided the information found in this appendix. The descriptions include only state-enacted laws, and do not include policies resulting from the collective bargaining process, voluntary agreements, or executive orders. For more information, please contact: Women's Legal Defense Fund, 1875 Connecticut Avenue, N.W., Suite 270, Washington, D.C. 20009, (202) 986-2600.

NOTES * FAMILY LEAVE refers to leave granted to employees of both sexes to care for family members such as a newborn, foster child, or seriously ill child, spouse, or parent. Individual state laws determine which of these circumstances apply in each state.

** MEDICAL LEAVE refers to leave granted because of an employee's own serious health condition. This leave includes that which is limited to the time during which pregnancy, childbirth, or a related medical condition disables a female employee.

ALASKA

In Alaska public employees, including state workers, may take up to eighteen weeks of family leave* every twenty-four months to care for the serious health condition of a child, spouse, or parent, or for the worker's own serious health condition. To care for a newborn or newly adopted child, an employee may take up to eighteen weeks of leave per year. Effective September 16, 1992, this family leave law applies to state government and political subdivisions with twenty-one or more employees. To be eligible, public employees must work at least thirty-five hours per week for six consecutive months or seventeen and a half hours per week for twelve consecutive months.

Contact

Alaska Department of Labor
P.O. Box 21149
Juneau, Alaska 99802-1149
Phone: (907) 269-4900

CALIFORNIA

Employees of firms with at least fifty employees who have been working for twelve months are eligible for leave under California's family leave law. Effective January 1, 1992, this law provides for up to sixteen weeks of leave every twenty-four months for birth or adoption, or for the serious health condition of a child, spouse, or parent. Women who work for firms with five or more employees are entitled to pregnancy leave of up to four months. This pregnancy disability law became effective January 20, 1980.

Contact

California Department of Fair Employment and Housing
1201 I Street, No. 214
Sacramento, California 95814
Phone: (916) 445-9918

CONNECTICUT

Since July 1, 1990, employees in Connecticut have been entitled to twelve weeks of family and medical leave** during each two-year period. In 1993 workers will be eligible for sixteen weeks. Currently, these terms apply to employees of firms with 250 or more employees, but by 1993 employers with seventy-five or more workers also also be included under the law. To be eligible, employees must have been employed for 1,000 hours in the twelve-month period preceding the first day of leave.

Contact

Connecticut Department of Labor
200 Folly Brook Boulevard
Wethersfield, Connecticut 06109
Phone: (203) 566-4550

State employees in Connecticut may take twenty-four weeks of family and medical leave every two years. The law went into effect January 7, 1988.

Contact

Connecticut Department of Administrative Services
165 Capitol Avenue
Hartford, Connecticut 06106
Phone: (203) 566-4720

Since 1973, Connecticut's pregnancy disability law has provided job-guaranteed leave for the period that an employee is physically disabled due to pregnancy, childbirth, and related medical conditions. Employees of firms with three or more employees are eligible, with the exception of certain family businesses.

Contact

Commission on Human Rights and Opportunities
90 Washington Street
Hartford, Connecticut 06101
Phone: (203) 566-3350

DELAWARE

State employees in Delaware are entitled to six weeks of family leave after adopting a child, provided that they have had one year of continuous employment preceding the leave.

Contact

Delaware State Personnel Commission
Townsend Building
P.O. Box 1401
Dover, Delaware 19903
Phone: (302) 739-4195

DISTRICT OF COLUMBIA

Employees of firms with fifty or more employees may take up to sixteen weeks of unpaid leave every two years to care for a newborn, newly adopted child, or a seriously ill family member. In this case "family member" is defined as a person related by blood, legal custody, or marriage, or a person with whom the employee shares a residence in the context of a committed relationship. The law also provides for sixteen weeks of medical leave every two years for the employee's own serious health condition. The statute covers employers of fifty or more until April 1, 1994, when employers of twenty or more also will be covered. To be eligible, employees must have worked for the employer for at least 1,000 hours during the year preceding the leave. This family and medical leave law became effective April 1, 1991.

Contact

Department of Human Rights and Minority Business Development
Reeves Municipal Center
2000 14th Street, N.W.
Washington, D.C. 20009
Phone: (202) 939-8740

FLORIDA

State employees in Florida are entitled to up to six months of family leave per year after the birth or adoption of a child, or to care for seriously ill spouse, child, or parent. The law went into effect October 1, 1991.

Contact

Florida Department of Administration
435 Carlton Building
Tallahassee, Florida 32399-1550
Phone: (904) 488-4116

GEORGIA

A Georgia law that will become effective January 1, 1993, will allow state employees up to twelve weeks of family and medical leave every year. To be eligible, employees must have been employed for at least twelve months and 1,040 hours.

Contact

Georgia State Personnel Board
200 Piedmont Avenue
Room 418 W
Atlanta, Georgia 30334
Phone: (404) 656-2725

HAWAII

Employees in Hawaii are entitled to four weeks of family leave for birth, adoption, or the serious health condition of a child, spouse, or parent. The law became effective for state employees on January 1, 1992. On January 1, 1994, these provisions will apply to private firms with 100 or more employees. Since November 15, 1982, employees in Hawaii also have been entitled to disability leave if pregnancy, childbirth, or medical condition necessitates such a leave.

Contact

Hawaii Department of Labor
Enforcement Division
Fair Employment Practices
830 Punchbowl Street
Room 340
Honolulu, Hawaii 96813
(808) 586-8770

ILLINOIS

Illinois law provides family leave for up to one year for "bona fide family responsibilities," including birth, adoption, or caring for a seriously ill family member. This law went into effect July 1, 1987, and applies to certain permanent, full-time state employees.

Contact

Illinois Office of Central Management
519 Stratton Building
Springfield, Illinois 62706
Phone: (217) 782-7638

IOWA

Employees of firms with four or more employees are entitled to eight weeks pregnancy disability leave, according to a law that became effective July 1, 1987.

Contact

Iowa Civil Rights Commission
211 East Maple Street
2nd Floor
c/o Grimes State Office Building
Des Moines, Iowa 50319
Phone: (515) 281-4121

KANSAS

Since January 1, 1974, a Kansas law has provided pregnancy disability leave for the period that a worker is physically disabled by pregnancy, childbirth, or related medical conditions. All employers with four or more employees are covered by this law.

Contact

Kansas Commission on Civil Rights
Landon Street Office Building, 8th floor
9100 Southwest Jackson Street
Suite 851 South
Topeka, Kansas 66612
Phone: (913) 296-3206

KENTUCKY

When any employees in Kentucky adopt a child below age seven, they are entitled to six weeks leave, according to a statute that became effective July 15, 1982.

Contact

Kentucky Labor Cabinet
Division of Employment Standards and Mediation
1049 U.S. No. 127 South
Frankfort, Kentucky 40601
Phone: (502) 564-2784

LOUISIANA

As of September 1, 1987, Louisiana allows up to four months of leave for employees who are temporarily disabled because of pregnancy, childbirth, or related medical conditions. In general, six weeks of leave are provided for pregnancy or childbirth. Employees at firms of twenty-six or more employees are eligible for this leave.

Contact

Louisiana Department of Employment and Training
P.O. Box 94094
Baton Rouge, Louisiana 70804
Phone: (504) 342-3111

MAINE

Employees of firms with twenty-five or more employees may take ten weeks of family and medical leave over a twenty-four month period. To be eligible, employees must work for the same employer for twelve consecutive months. The law became effective October 9, 1991.

Contact

Maine Department of Labor
State House Station
Augusta, Maine 04333
Phone: (207) 289-3788

MASSACHUSETTS

Massachusetts provides eight weeks of leave for birth or adoption of a child below age three. This law went into effect October 17, 1972, and covers employees of firms with six or more employees. To be eligible, an employee must have completed an employer's initial probationary period or three consecutive months as a full-time employee.

Contact

Massachusetts Commission Against Discrimination
1 Ashburton Place
Boston, Massachusetts 02108
Phone: (617) 727-3990

MINNESOTA

Effective August 1, 1987, Minnesota provides employees with six weeks of leave for the birth or adoption of a child. Employers with twenty-one or more employees are covered under this provision, and employees must have worked twenty or more hours per week for a year to be eligible.

Contact

Minnesota Commission on the Economic Status of Women
State Office Building
Room 85
St. Paul, Minnesota 55155
Phone: (612) 296-8590

MONTANA

Employees of firms with one or more employees are entitled to pregnancy disability leave when pregnancy, childbirth, or a related medical condition temporarily disables them. This law went into effect September 14, 1984.

Contact

Human Rights Commission
Montana Department of Labor and Industry
1236 6th Avenue
Helena, Montana 59624
Phone: (406) 444-2884

NEW HAMPSHIRE

Employees in New Hampshire may take a pregnancy disability leave when temporarily disabled by pregnancy, childbirth, or a related medical condition. This law went into effect November 15, 1984, and applies to employers with six or more employees.

Contact

New Hampshire Commission for Human Rights
163 Loudon Road
Concord, New Hampshire 03301
Phone: (603) 271-2767

NEW JERSEY

As of April 25, 1990, New Jersey has provided twelve weeks of leave over a two-year period for birth, adoption, or the serious health condition of a child, parent, or spouse. The state has phased in coverage under this law. The first year after enactment, firms with 100 or more employees were covered; the next year, employers of seventy-five or more would allow the leave; and thereafter, the law would apply to employers with firms of fifty or more employees. To be eligible for the leave, employees must have worked at least 1,000 hours in the year preceding the leave.

Contact

New Jersey Division on Civil Rights
Department of Law and Public Safety
383 West State Street
Trenton, New Jersey 08625
Phone: (609) 292-4605

NORTH CAROLINA

State employees in North Carolina are entitled to pregnancy disability leave when temporarily disabled by pregnancy, childbirth, or related medical conditions, according to a law that went into effect February 1, 1988.

Contact

North Carolina Department of Human Resources
Adams Building
101 Blair Drive
Raleigh, North Carolina 27603
Phone: (919) 733-4534

NORTH DAKOTA

Full-time state employees in North Dakota may use four months of leave during every twelve-month period for birth, adoption, or the serious health condition of a spouse, child, or parent. Effective January 1, 1990, this law applies to employees with twelve months of minimum employment at an average of twenty hours per week.

Contact

North Dakota Labor Department
600 East Boulevard Avenue
Bismarck, North Dakota 58505
Phone: (701) 224-2660

OKLAHOMA

As of August 20, 1989, Oklahoma has allowed state employees twelve weeks of family leave every year for the birth, adoption, or care of a critically ill child or dependent adult. Employees are eligible if they have worked for the state for six months.

Contact

Oklahoma Office of Personnel Management
Jim Thorpe Building
2101 North Lincoln Boulevard
Oklahoma City, Oklahoma 73150
Phone: (405) 521-2177

OREGON

A family leave law in Oregon went into effect January 1, 1992, and provides twelve weeks of leave for employees of firms with fifty or more employees. The leave may be used for the illness of a child requiring "home care," or to care for a child, spouse, or parent suffering from "any mental or physical condition requiring constant care."

According to a parental leave law that became effective January 1, 1988, employees of firms with twenty-five or more employees are entitled to twelve weeks of leave for the birth of a child or for the adoption of a child below age twelve. To be eligible, employees must have worked with a firm for ninety days. Temporary or seasonal employees are not covered under the law.

Another law that went into effect October 3, 1989, provides pregnancy disability leave for the period of physical disability if such leave can be reasonably accommodated.

Contact

Oregon Bureau of Labor and Industries
Civil Rights Division
State Office Building
1400 Southwest 5th Avenue
Portland, Oregon 97201
Phone: (503) 229-5841

PENNSYLVANIA

Certain state employees in Pennsylvania are entitled to six months of parental leave for the birth or adoption of a child, according to a law that went into effect December 15, 1986.

Contact

Pennsylvania Secretary of Administration
207 Finance Building
Harrisburg, Pennsylvania 17120
Phone: (717) 787-9945

PUERTO RICO

Since June 11, 1942, Puerto Rico has provided its female employees with eight weeks of leave for pregnancy disability, which may be used before and after child the baby's birth. In the event of pregnancy or childbirth complications, an additional twelve weeks of leave must be extended. During the leave period, the employee is entitled to receive half pay.

Contact

Puerto Rico Department of Labor and Human Resources
Anti-Discrimination Unit
505 Munoz Riviera Avenue
Hato Rey, Puerto Rico 00918
Phone: (809) 754-5292

RHODE ISLAND

As of July 12, 1990, Rhode Island has allowed up to thirteen weeks of family and medical leave over a twenty-four month period. Employees of private firms with fifty or more employees, of city, town, or municipal agencies with thirty or more employees, or of any state agency are eligible for this leave. To be eligible, an employee must have worked for an average of thirty or more hours per week with the same employer for twelve consecutive months.

Contact

Division of Labor
Rhode Island Department of Labor
220 Elmwood Avenue
Providence, Rhode Island 02907
Phone: (401) 457-1808

TENNESSEE

Employees of Tennessee companies with 100 or more employees are entitled to a maximum of four months of leave for pregnancy disability and nursing under a law that went into effect January 1, 1988. The law covers employees who have worked fulltime for twelve consecutive months.

Contact

Tennessee Human Rights Commission
Suite 602
225 Capitol Boulevard
Nashville, Tennessee 37129
Phone: (615) 741-5825

VERMONT

As of July 1, 1992, Vermont allows twelve weeks of family and medical leave during every twelve-month period. Employers with ten or more workers must provide leave to care for a newborn or newly adopted child. Employers with fifteen or more employees also must offer leave to care for the serious health condition of a child, spouse, or parent, or for the worker's own serious health condition. To be eligible for the leave, employees must have worked for at least one year for an average of thirty hours per week.

Contact

Vermont Legislative Council
133 State Street
Montpelier, Vermont 05633-5301
Phone: (802) 828-2231

VIRGINIA

Since July 7, 1991, Virginia has provided state employees with six weeks of parental leave for the birth or adoption of a child during every twelve-month period.

Contact

Virginia Department of Personnel and Training
101 North 14th Street
Monroe Building, 12th floor
Richmond, Virginia 23219
Phone: (804) 225-2131

WASHINGTON

Firms with 100 or more employees must grant workers twelve weeks of parental leave over a two-year period for the birth, adoption, or serious illness of a child. According to the law, which became effective September 1, 1989, employees are eligible for leave if they have worked one year for at least thirty-five hours per week.

Contact

Washington State Department of Labor and Industries
925 Plum Street HC710
Olympia, Washington 98504
Phone: (206) 753-3475

Firms with eight or more employees are required to grant pregnancy disability leave for the period of physical disability. This provision went into effect October 28, 1973.

Contact

Washington State Human Rights Commission
402 Evergreen Plaza
Building FJ-41
711 South Capitol Way
Olympia, Washington 98504
Phone: (206) 753-6770

WEST VIRGINIA

State and school employees may take twelve weeks of leave each year for the birth or adoption of a child, or to care for a seriously ill spouse, child, or parent. This West Virginia law went into effect July 7, 1989, and applies to employees who have worked for twelve consecutive weeks.

Contact

West Virginia Department of Labor
Wages and Hours Division
Capital Complex
Building 3
Charleston, West Virginia 25305
Phone: (304) 348-7890

WISCONSIN

A Wisconsin law effective since April 26, 1988, provides six weeks of leave for the birth or adoption of a child; two weeks of leave to care for a seriously ill child, spouse, or parent; and two weeks of medical leave for a worker's own serious health condition. Employees cannot use more than eight weeks of leave in a twelve-month period for any combination of circumstances. The law covers employers with fifty or more employees. To be eligible, employees must have been employed for fifty-two consecutive weeks and worked at least 1,000 hours.

Contact

Wisconsin Department of Industry, Labor, and Human Relations
Equal Rights Division
P.O. Box 8928
Madison, Wisconsin 53708
Phone: (608) 266-6860

Appendix B
State as Employer Practices to Support Families

Key to Charts

NW: North West
SW: South West
NC: North Central
SC: South Central
NE: North East
SE: South East

▲: Unionized
▼: Although employees can join unions, collective bargaining is prohibited by law.

SOURCE: Reprinted with permission from *The State Reference Guide to Work-Family Programs for State Employees*, by Michelle Lord and Margaret King (New York, N.Y.: Families and Work Institute, 1991). For more information or to obtain a copy of the full publication, contact the Families and Work Institute, 330 Seventh Avenue, New York, NY 10001, (212) 465-2044.

STATE	FLEXTIME (FT) FLEXIPLACE (FP)	PART-TIME WORK (PT) JOB SHARING (JS)	LEAVE FOR MOTHERS	OTHER FAMILY LEAVES
ALABAMA, SC 28,000 employees NA % male NA % female ▲	● FT Formal policy requiring departmental approval. Band hours vary by agency ● FP None	● PT Statewide formal policy by department. Benefits prorated. Schedules vary ● JS None	● Unpaid leave of absence requiring departmental approval for a maximum of one year. Job guarantee	● None
ALASKA, NW 19,538 employees 54.5% male 45.5% female ▲	● FT Statewide formal policy by department with supervisor's approval. One hour band ● FP Informal practice with agency approval	● PT Statewide formal policy requiring departmental approval. Must work at least 50% of full time to receive full benefits ● JS None	● Mandatory 9-week leave but must use up all accrued sick leave and annual leave as part of that leave. If she does not have enough sick and annual days accrued, the remainder is an unpaid leave	● Fathers must use annual leave or leave without pay ● Adoptive leave currently being considered ● No extended elder care leave
ARIZONA, SW 26,500 permanent, full-time employees 52% male 48% female ▼	● FT Informal practice requiring departmental approval. Band hours vary ● FP None	● PT Formal policy requiring departmental approval. Full benefits if work 20 or more hours per week ● JS None	● Unpaid administrative leave for maximum of 6 months requiring departmental approval. No job guarantee. Employee pays benefits. May use accrued sick and annual leave as substitution	● Fathers and adoptive parents may take some administrative leave with supervisor's approval ● No extended elder care leave
ARKANSAS, SC 36,000 employees 46% male 54% female ▼	● FT Statewide formal policy ● FP None	● PT Statewide formal policy by agency approval. Must work 1000 hours per year to be eligible for health benefits ● JS None	● May use sick and annual leave, then leave without pay. Once on leave without pay, employee pays health benefits	● Fathers and adoptive parents may use their sick leave for family ● No extended elder care leave
CALIFORNIA, SW 176,302 employees 52% male 48% female ▲	● FT Statewide formal policy by agency approval. Allows compressed work week ● FP Pilot program	● PT Statewide formal policy by agency approval. Benefits pro-rated ● JS Informal practice, employee given part time status	● Parental leave policy. For birth mothers, unpaid up to 12 months with job guarantee. Employee may use sick and annual leave. Informal leave of absence without pay available for absences of up to 11 days with supervisor's approval	● Birth fathers same as mothers ● Adoption leave policy. 6 months unpaid leave; may be extended an additional 6 months with approval. Job guarantee. Benefits paid by employee ● No extended elder care leave

SICK LEAVE (SL) & PERSONAL DAYS (PD) FOR FAMILY	FLEXIBLE BENEFITS*	CHILD CARE CENTERS	R&R AND OTHER DEPENDENT CARE	OTHER WORK-FAMILY SUPPORTS**
● SL: May be used for illness of immediate family, defined as person(s) with whom unusually strong ties exist. Advanced sick leave granted for up to 24 work days. ● PD: None	● DCAP: None	● None.	● None	● Statewide EAP
● SL: Can be used for dependents. ● PD: Dependent on bargaining agreement the employee works under.	● DCAP: Being considered	● None.	● None.	● Pilot EAP dropped due to cost.
● SL: 4 sick days per year can be used for dependents. ● PD: None	● DCAP: Being considered	● One center serving approximately 100 children ages 18 months to 6 years. Open 12 hours. Management contracted out.	● None.	● EAP being considered
● SL: Employee can use sick leave for immediate family members. ● PD: None.	● DCAP: State is in the process of developing a cafeteria benefits plan.	● None.	● None.	● None.
● SL: Family care clause allows use of up to 5 days of sick leave per illness for care of dependents. ● PD: One per year.	● DCAP: Available to all state employees.	● 15 centers serving 925 children ages 6 weeks to 12 years. Some transportation, includes before and after school programs. 6 more sites planned. Considering sick child care.	● Informal R&R for state employees through Department of Social Services. ● California Child Care Initiative provides R&R services for all Californians.	● EAP contracted out. ● Work-family seminars. ● Catastrophic Leave allows employees to donate eligible leave credits to co-workers to cover the injury or prolonged illness of the employee, the employee's spouse or child.

*Includes Dependent Care Assistance Plans (DCAP) and flexible benefits or cafeteria plans.

**Includes Employee Assistance Plans (EAP).

STATE	FLEXTIME (FT) FLEXIPLACE (FP)	PART-TIME WORK (PT) JOB SHARING (JS)	LEAVE FOR MOTHERS	OTHER FAMILY LEAVES
COLORADO, SW 27,000 full-time employees 52% male, 48% female ▼	● FT: Informal practice by agency approval. ● FP: None.	● PT: Statewide informal practice by supervisor's approval. Benefits prorated. ● JS: Informal practice but not used due to supervisor resistance.	● Must use sick and annual leave, then leave without pay. No job guarantee.	● Birth fathers same as mothers. ● No leave for adoption. ● No extended elder care leave.
CONNECTICUT, NE 50,000 total state employees 50% male, 50% female ▲	● FT: Statewide formal policy by supervisor's approval. Band hours vary by department. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Benefits prorated. ● JS: Formal policy by supervisor's approval. 16 employees used in 1987.	● Family leave for all state employees. 24 weeks of unpaid, job guaranteed leave over a two year period for birth, adoption, employee's own serious illness, or the serious illness of a child, spouse, or parent. Agency approval required. Health benefits continued.	● See leave for mothers.
DELAWARE, NE 38,000 total state employees. Policies apply to 12,000 merit system employees 46% male, 54% female ▲	● FT: No statewide policy, informal practice by department. ● FP: None.	● PT: Formal policy by supervisor's approval. Benefits prorated. Must work 30 hours per week to be eligible for health benefits. ● JS: No statewide policy, informal practice by department.	● Must use sick and annual leave, then unpaid personal leave. Up to one year with possible 6-month extension. Guarantee to same job for first 6 months, comparable job after 6 months. Employee pays health benefits. Part-time return by supervisor's approval.	● None.
FLORIDA, SE 150,000 total state employees 60% male, 40% female ▲	● FT: Statewide formal policy by supervisor's approval. Band hours vary by department. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Benefits prorated. ● JS: Statewide formal policy by supervisor's approval. Benefits prorated. Limited usage.	● Maternity leave policy allows employee to use sick and annual leave during period of disability following childbirth. Then employee may request a 6-month unpaid leave with job guarantee to comparable position. Employee pays health benefits.	● None.
GEORGIA, SE 61,375 total state employees 44% male, 56% female State has meet and confer law	● FT: Statewide formal policy by supervisor's approval. Band hours vary by department. ● FP: None.	● PT: Formal policy by supervisor's approval. Must work 30 hours per week to be eligible for prorated benefits. ● JS: Informal practice by department. Benefits prorated.	● Disability leave for childbirth, then use annual leave and leave without pay up to 12 months with job guarantee by supervisor's approval. Employee pays health benefits.	● Fathers and adoptive parents limited to annual leave, and leave without pay. Requires supervisor's approval. Time varies. ● No extended elder care leave.

SICK LEAVE (SL) & PERSONAL DAYS (PD) FOR FAMILY	FLEXIBLE BENEFITS*	CHILD CARE CENTERS	R&R AND OTHER DEPENDENT CARE	OTHER WORK-FAMILY SUPPORTS**
● SL: Sick leave may be used for family members ● PD: None	● DCAP: Being considered	● One consortium center at state university; 30 agencies involved	● R&R for child and elder care being considered	● None
● SL: Sick leave may be used for family members ● PD: 3 per year	● DCAP: Being considered	● 7 centers serving about 350 children. More centers are being considered	● Child care R&R being considered. ● Child care discounts offered at 2 centers, negotiated through union contract.	● Long-standing EAP
● SL: None ● PD: None	● DCAP: Being considered by unions	● Never considered.	● Statewide child care R&R provides list of licensed providers and educational seminars.	● EAP
● SL: Limited amount of sick leave can be used for dependents ● PD: One per year	● DCAP: Established January 1989	● One center serving 95 children ages 6 weeks to five years.	● None.	● EAP
● SL: May use sick leave for dependents with supervisor's approval. ● PD: None.	● DCAP: Established 1982. ● Flexible benefits.	● Pilot program to open one center next year; will serve 40 children.	● R&R pilot program next year.	● EAP planned.

*Includes Dependent Care Assistance Plans (DCAP) and flexible benefits or cafeteria plans.

**Includes Employee Assistance Plans (EAP).

STATE	FLEXTIME (FT) FLEXIPLACE (FP)	PART-TIME WORK (PT) JOB SHARING (JS)	LEAVE FOR MOTHERS	OTHER FAMILY LEAVES
HAWAII, SW 27,113 total state employees 37% male 63% female ▲	● FT Statewide formal policy by department with supervisor's approval. ● FP Being considered.	● PT Statewide guidelines, but informal by department with supervisor's approval. Must work 20 hours per week to be eligible for prorated benefits. ● JS Formal policy by agency. Benefits prorated.	● State-mandated temporary disability insurance program. Mothers may also use accumulated vacation and/or sick leave. Job-guaranteed leave without pay available up to 12 months with supervisor's approval.	● Fathers and adoptive parents may use accumulated vacation leave and/or job-guaranteed leave without pay up to 30 days with supervisor's approval. ● Extended leave for elder care covered under leave without pay.
IDAHO, NW 7,101 classified employees 71% male; 29% female ▼	● FT Informal practice by department with supervisor's approval. ● FP None.	● PT Statewide formal policy by supervisor's approval. Benefits prorated. ● JS Informal practice by department with supervisor's approval. Benefits prorated.	● Disability leave. Employee may use annual leave and leave without pay. Leave without pay granted by supervisor's approval.	● None.
ILLINOIS, NC 62,838 total employees 47% male; 53% female ▲	● FT Formal policy by supervisor's approval. 6,705 employees using flextime. 620 employees using compressed work week. ● FP None.	● PT Statewide formal policy by supervisor's approval. Must work 50% of 37.5 hours per week to be eligible for prorated benefits. 1,487 part-time employees. ● JS: Statewide formal policy by supervisor's approval. Benefits prorated.	● Employee may use sick and annual leave, then Family Responsibility Leave up to one year of unpaid job guaranteed leave for birth or adoption. Part-time return possible.	● Fathers and adoptive parents eligible for Family Responsibility Leave. ● Extended elder care leave covered under Family Responsibility Leave.
INDIANA, NE 35,109 total full-time state employees 50.4% male; 49.6% female State has meet and confer law	● FT: Statewide formal policy by supervisor's approval. Band hours vary by department. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Less than 50% time no benefits; 50% - 99% time prorated benefits. ● JS: Informal practice by supervisor's approval. Benefits treated same as part time.	● State-mandated disability leave goes into effect in 1989. Most state employees take 6 - 8 weeks, but must use sick, annual leave, personal days, and leave without pay.	● Fathers and adoptive parents must use annual leave, personal days, or leave without pay with agency's approval. ● No extended elder care leave.
IOWA, NC 40,000 total state employees 51.6% male; 48.4% female ▲	● FT: Statewide formal policy by supervisor's approval. Band hours vary by department. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Under 20 hours per week no benefits. 20-29 hours per week prorated health and dental. 30 hours or more per week full benefits. ● JS: Statewide formal policy by supervisor's approval. Benefits prorated (same as part time).	● Mothers take sick days, annual leave, then job-guaranteed leave without pay up to one year by supervisor's approval. May be extended an additional year with approval.	● Fathers and adoptive parents can request annual leave and leave without pay. Granted with supervisor's approval. Requires 30 days advance notice. ● Leave without pay may be granted to cover extended elder care leave.

SICK LEAVE (SL) & PERSONAL DAYS (PD) FOR FAMILY	FLEXIBLE BENEFITS*	CHILD CARE CENTERS	R&R AND OTHER DEPENDENT CARE	OTHER WORK-FAMILY SUPPORTS**
• SL: None • PD: None	• DCAP: None • Cafeteria benefits plan.	• State employees have access to one center near state capitol.	• Child care R&R being considered.	• EAP • Training Division offers stress management program.
• SL: None. • PD: None.	• DCAP: None.	• None.	• None.	• None.
• SL: Sick leave can be used for any relative or person living in the employee's household for whom the employee has custodial responsibility. • PD: 3 per year.	• DCAP: Established 1984.	• 3 on-site centers at state agencies. 2 planned for near future.	• None.	• EAP • Caregiver Fair. • Upward Mobility program provides career counseling and some tuition reimbursement for state employees. Established through labor/management initiative. • Hispanic employment program fosters career growth and opportunities for Hispanic employees.
• SL: None. • PD: 3 per year.	• DCAP: Being considered.	• Being considered.	• None.	• EAP based in each agency.
• SL: Care and Necessary Attention Policy: Employees may use 40 hours of sick leave per year to care for sick dependents. • PD: 2 per year.	• DCAP: To be implemented April 1990.	• 2 centers, located in the Department of Transportation and the Department of Human Services. Serving infants to preschool children. Developed through collective bargaining.	• None.	• EAP

*Includes Dependent Care Assistance Plans (DCAP) and flexible benefits or cafeteria plans.

**Includes Employee Assistance Plans (EAP).

STATE	FLEXTIME (FT) FLEXIPLACE (FP)	PART-TIME WORK (PT) JOB SHARING (JS)	LEAVE FOR MOTHERS	OTHER FAMILY LEAVES
KANSAS, SC 27,500 civil service employees 50% male; 50% female not unionized, but meet and confer law	● FT: Statewide formal policy by supervisor's approval ● FP: None	● PT: Statewide formal policy by supervisor's approval. Must work 50% time per week to be eligible for prorated benefits. ● JS: Statewide formal policy by supervisor's approval. Benefits prorated (same as part-time).	● Leave Without Pay (LWOP) Any permanent employee may be granted LWOP at the discretion of the agency head for childbirth, adoption, or illness of a family member. Maximum period is one year. Agency head may grant one or more extensions of up to one year. Employee pays health benefits.	● Fathers and adoptive parents same as birth mothers. ● Extended leave for elder care covered under LWOP
KENTUCKY, SE 33,500 permanent, full-time employees 52% male, 48% female ▼	● FT: Informal practice by supervisor's approval. Band hours vary by department. ● FP: None	● PT: Statewide formal policy by supervisor's approval. Must work 100 hours per month to be eligible for benefits. ● JS: None.	● Must use sick leave and annual leave (paid), then unpaid sick leave or leave without pay up to one year by supervisor's approval.	● Fathers and adoptive parents must use annual and leave without pay. Restricted use of sick leave (see sick leave usage for dependents). ● No extended elder care leave
LOUISIANA, SC 56,770 total state employees. Policies apply to 24,000 nonclassified employees. 41% male; 59% female ▲	● FT: Informal practice by supervisor's approval. Core time 9:00 - 4:00. Band hours vary by department. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Must work 30 hours per week to be eligible for group health insurance, 20 hours per week to be eligible for holidays. ● JS: No state policy. Informal practice at one department.	● Must use sick leave and annual leave, then leave without pay up to one year. Employee pays partial health benefits.	● Fathers and adoptive parents must use annual leave and leave without pay. ● No extended elder care leave
MAINE, NE 13,500 total state employees. Policies apply to 12,000 employees. 52% male; 48% female ▲	● FT: Informal practice by supervisor's approval. Core time 10:00 - 3:00. Allows compressed work week. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Must work 20 hours per week to be eligible for prorated benefits. ● JS: Statewide formal policy by supervisor's approval. Benefits prorated.	● State mandated family leave of eight weeks that includes state government, but state employees use a disability leave plus Child Rearing and Adoption Leave. Formal and mandatory. Up to one year unpaid leave with job guarantee. Employee pays health benefits.	● Fathers and adoptive parents covered under Child Rearing and Adoption Leave. ● Extended elder care leave covered under unpaid job guaranteed personal leave of absence up to 12 months. Requires supervisor's approval.
MARYLAND, NE 60,487 total state employees 45% male; 55% female ▼	● FT: Statewide formal policy by supervisor's approval. Band hours vary by department. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Must work 17.5 hours per week to be eligible for prorated benefits. ● JS: None.	● May use sick and annual, and/or unpaid family leave up to 12 weeks with job guarantee. Leave without pay can be used up to 2 years, but no job guarantee. Employee pays health benefits. Unpaid seasonal leave with job guarantee up to 12 weeks by approval. Usually taken for holidays or summer vacation, but can be used for any family reason.	● Fathers covered by family and seasonal leave policies. ● Adoptive parents covered by family and seasonal leave policies. They may also take up to 30 days of sick leave. ● Extended leave for elder care covered under family and seasonal leave policies.

SICK LEAVE (SL) & PERSONAL DAYS (PD) FOR FAMILY	FLEXIBLE BENEFITS*	CHILD CARE CENTERS	R&R AND OTHER DEPENDENT CARE	OTHER WORK-FAMILY SUPPORTS**
● SL: Sick days may be used for dependents. ● PD: None.	● DCAP: Established July 1989.	● In hospital and university settings.	● R&R for child and elder care as part of EAP.	● EAP.
● SL: Sick leave may be used for injury or death of an immediate family member, for "a reasonable amount of time." ● PD: None.	● DCAP: None.	● None.	● None.	● EAP.
● SL: None. ● PD: None.	● DCAP: None.	● None.	● None.	● EAP.
● SL: Sick leave can be used for dependents. ● PD: 2 per year.	● DCAP: None.	● Department of Human Services is in the process of planning 3 child care centers for state employees.	● Statewide R&R service for child and elder care. ● Voucher for state employees earning less than $25,000 per year, will reimburse child care expenses up to $700. Employees earning between $25,000 and $30,000 are eligible for a reimbursement up to $400. Effective 1991, maximum reimbursement will go up to $800; 1992, $900.	● EAP.
● SL: Sick leave (15 days per year) can be used for dependents. Extended sick leave allows up to 60 additional days after all leave has been exhausted. ● PD: 3 per year.	● DCAP: Established January 1988.	● One on-site pilot child care center established in 1988. Serves 84 children.	● Statewide rule requires state agencies with more than 500 employees to conduct a child care needs assessment.	● EAP. ● Wellness program. ● Courses on prenatal care.

*Includes Dependent Care Assistance Plans (DCAP) and flexible benefits or cafeteria plans.

**Includes Employee Assistance Plans (EAP).

STATE	FLEXTIME (FT) FLEXIPLACE (FP)	PART-TIME WORK (PT) JOB SHARING (JS)	LEAVE FOR MOTHERS	OTHER FAMILY LEAVES
MASSACHUSETTS, NE 55,348 state employees (excluding staff for independent authorities, federally funded or trust-funded staff, board and commission members, or seasonal help) 46.4% male; 53.6% female ▲	● FT: Statewide formal policy by supervisor's approval. 10,000 employees using. Allows compressed work week. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Must work 18.75 hours per week to be eligible for prorated sick, personal, and vacation leave. Total health and life insurance. ● JS: Statewide informal practice by supervisor's approval. Benefits same as part-time.	● Every full-time female employee in Massachusetts entitled by law to at least 8 weeks of job-guaranteed maternity leave for birth or adoption of children under 3. Part-time return by supervisor's approval. Managers in state service are eligible for 8-week unpaid parental leave. This leave also applies to most non-management employees.	● Fathers and adoptive parents of children under 3 are covered by Parental Leave policy. ● No formal extended elder care leave. Requests would be considered by agencies on a case-by-case basis.
MICHIGAN, NE 63,984 total state employees (excluding higher education, judicial, and legislative branches). Policies apply to 18,098 nonunion employees. 47.6% male; 52.4% female ▲	● FT: Statewide informal practice by department with supervisor's approval. One-hour band typical. Broad usage. ● FP: Informal case-by-case use.	● PT: Statewide guidelines, schedules set by department. 10% of total state workforce using part-time. Benefits prorated. Must work over 40% time to be eligible for full health benefits. ● JS: Informal practice by department. 500 employees using. Benefits same as part-time.	● Mandatory unpaid maternity, paternity and adoption leave. 6 months guaranteed with possible extension. Job guarantee. Employee pays health benefits. Part-time return by supervisor's approval.	● See leave for mothers. ● No formal extended elder care leave. Requests would be considered by agencies on a case-by-case basis.
MINNESOTA, NC 35,000 total state employees 54% male; 46% female ▲	● FT: Statewide formal policy by supervisor's approval. Allows compressed work week. ● FP: Informal practice by supervisor's approval.	● PT: Statewide formal policy by supervisor's approval. Must work 50% - 75% time for prorated benefits. Above 75%, fully-paid benefits. ● JS: Statewide formal policy by supervisor's approval. Benefits prorated. Limited to 50 positions per year.	● State-mandated family leave. State employees have mandatory 6-month family leave covering birth and adoption. Can use 6 weeks of sick leave, then annual leave. May be extended to one year by supervisor's approval.	● See leave for mothers. ● No extended elder care leave.
MISSISSIPPI, SC 25,000 total state employees 46% male; 54% female ▼	● FT: Statewide formal policy by supervisor's approval. Core time 8:00 - 4:30. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Less than 30 hours per week. Benefits prorated. ● JS: None.	● Must use sick and annual leave, then leave without pay by supervisor's approval. No job guarantee.	● Fathers and adoptive parents must use annual leave and leave without pay by supervisor's approval. ● No extended elder care leave.
MISSOURI, SC 74,414 total state employees 43% male; 57% female ▲	● FT: Statewide formal policy by supervisor's approval. Core time 10:00 - 3:00. Allows compressed work week. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Must work 1000 hours per year to be eligible for prorated benefits. ● JS: None.	● Mandatory disability leave, then child care leave which allows use of sick leave, 10 days of personal care leave, annual leave, and leave without pay.	● Fathers and adoptive parents must use 10 days of personal care leave plus sick leave, then leave without pay. ● No extended elder care leave.

SICK LEAVE (SL) & PERSONAL DAYS (PD) FOR FAMILY	FLEXIBLE BENEFITS*	CHILD CARE CENTERS	R&R AND OTHER DEPENDENT CARE	OTHER WORK-FAMILY SUPPORTS**
● SL: 10 days of sick leave per year may be used for "sick in family" days for care of seriously ill family member or member of the employee's household. ● PD: 3 per year.	● DCAP: Allowed in statute in 1987. Statewide implementation being considered.	● 24 on-site centers. 5 - 7 more planned for next 3 years. Done through labor/management efforts.	● Child care R&R offered statewide to all Massachusetts residents.	● EAP. ● Parental leave workshops organized through governor's office.
● SL: Sick leave can be used for dependents. ● PD: 2 per year.	● DCAP: Established October 1989.	● One pilot center.	● Child care R&R being considered.	● Statewide employee service program established 1973. To be expanded.
● SL: Can use as many sick days as is "reasonable" to provide care for spouses, dependent children, and elderly parents living in same household. 3-day limit when arranging necessary nursing care. ● PD: None.	● DCAP: Established January 1989.	● 2 on-site centers.	● R&R for child and elder care under auspices of EAP.	● EAP.
● SL: Sick leave can be used only for a death in the family. ● PD: Number varies with tenure: 1 mo.-3 yrs., 12 hrs./yr.; 37 mos.-8 yrs., 14 hrs./yr., 97 mos.-15 yrs., 16 hrs./yr., over 15 yrs., 18 hrs./yr.	● DCAP: None.	● None.	● None.	● None.
● SL: Sick leave can be used due to the illness of employee's spouse, children, other relatives, or other members of employee's household when employee's personal care and attention is required. ● PD: None.	● DCAP: Established July 1988.	● One on-site center in a hospital serving 30 children.	● Elder care R&R in the State Department on Aging.	● EAP. ● Wellness program.

*Includes Dependent Care Assistance Plans (DCAP) and flexible benefits or cafeteria plans.

**Includes Employee Assistance Plans (EAP).

STATE	FLEXTIME (FT) FLEXIPLACE (FP)	PART-TIME WORK (PT) JOB SHARING (JS)	LEAVE FOR MOTHERS	OTHER FAMILY LEAVES
MONTANA, NC 14,500 total state employees. Policies apply to 10,500 executive branch employees. 54% male; 46% female ▲	● FT: Statewide formal policy by supervisor's approval. Core time 8:00 - 5:00. Band limits typically set at 7:00 a.m. and 6:00 p.m. ● FP: None	● PT: Statewide formal policy by supervisor's approval. Benefits prorated. Must work 20 hours per week to be eligible for health benefits. ● JS: Statewide formal policy by supervisor's approval. Benefits prorated.	● Employee may use a combination of sick leave, annual leave, compensatory time, or other paid or unpaid leave during six-week maternity leave. Additional leave may be approved at agency discretion.	● Adoptive parents and fathers may request use of annual leave, leave without pay, compensatory time, or other leave for child care purposes. ● No extended elder care leave
NEBRASKA, NC 14,000 total state employees 52% male; 48% female ▲	● FT: Agency-by-agency policy. Band hours vary by department. ● FP: None.	● PT: Statewide informal practice. Must work 50% time to be eligible for prorated benefits. ● JS: Informal practice by agency. Benefits prorated.	● Unpaid leave of absence can be used for birth or adoption. No job guarantee.	● See leave for mothers. ● Extended elder care leave being considered.
NEVADA, SW 12,500 total state employees 50% male; 50% female ▼	● FT: Statewide informal practice. Band hours vary by department. ● FP: None.	● PT: Statewide informal practice by supervisor's approval. Must work 50% time to be eligible for prorated benefits. ● JS: Statewide informal practice by supervisor's approval. Benefits prorated. Limited use.	● Must use sick and annual leave, then job-guaranteed leave without pay up to one year by supervisor's approval. Employee pays health benefit premiums while on leave without pay.	● Fathers and adoptive parents use leave without pay by supervisor's approval. ● No extended elder care leave.
NEW HAMPSHIRE, NE 10,000 total state employees (excluding judiciary and higher education). 48% male; 52% female ▲	● FT: Statewide formal policy by supervisor's approval. Band hours vary by department. ● FP: Considered but rejected.	● PT: No permanent part time; only seasonal employees. ● JS: None.	● Mothers can use up to balance of their sick leave with a doctor's certification that they are disabled from childbirth. They can request use of their annual or bonus leave and can also request leave of absence without pay. Note: Leave of absence without pay cannot be granted for more than 90 days without approval of governor and the Executive Council.	● Fathers and adoptive parents can request use of annual leave and leave without pay. ● No extended elder care leave.
NEW JERSEY, NE 75,375 total state employees 49% male; 51% female ▲	● FT: Statewide formal policy by supervisor's approval. Band hours vary by department. ● FP: Prohibited.	● PT: Statewide formal policy by supervisor's approval. Some benefits prorated. ● JS: Pilot program established 1987. 12 employees using.	● State TDI up to 26 weeks for childbirth. State requires its employees to exhaust sick leave to be eligible for TDI benefits. Job-guaranteed child care or personal leave up to one year with supervisor's approval. Health benefits paid by employer for part of leave. Part-time return by supervisor's approval. ● New Statewide Family Leave statute guarantees 12 week leave for birth, adoption and serious illness for employers of 100 or more.	● See Leave for Mothers. ● Extended elder care leave covered by leave of absence without pay up to one year with department approval.

SICK LEAVE (SL) & PERSONAL DAYS (PD) FOR FAMILY	FLEXIBLE BENEFITS*	CHILD CARE CENTERS	R&R AND OTHER DEPENDENT CARE	OTHER WORK-FAMILY SUPPORTS**
● SL: Employees may use sick leave for medical care or attendance of immediate family member. ● PD: None	● DCAP: Being considered. ● Cafeteria plan: Being considered	● On-site considered but rejected	● Child care R&R being considered.	● Sick leave fund enables employees to donate sick leave to co-workers. Can be used for maternity. ● EAP: Being considered.
● SL: Can be used when child's illness demands presence of parent. ● PD: None	● DCAP: Being considered.	● None.	● None.	● EAP.
● SL: 10 days of sick leave per occurrence can be used for dependents by supervisor's approval. ● PD: None.	● DCAP: To be implemented 1990.	● On-site considered but rejected.	● None.	● EAP.
● SL: 5 days per year may be used for family members. ● PD: For academic employees only. Based on years of service.	● DCAP: None.	● One on-site at hospital. Consortium center being considered.	● Child care R&R on informal, limited basis through Department of Personnel. ● Child care discounts considered but rejected.	● EAP.
● SL: Sick leave can be used for dependents. ● PD: 3 per year.	● DCAP: None.	● 4 centers at present 10-12 more being planned.	● Child care R&R offered statewide to all New Jersey residents.	● EAP.

---

*Includes Dependent Care Assistance Plans (DCAP) and flexible benefits or cafeteria plans.

**Includes Employee Assistance Plans (EAP).

STATE	FLEXTIME (FT) FLEXIPLACE (FP)	PART-TIME WORK (PT) JOB SHARING (JS)	LEAVE FOR MOTHERS	OTHER FAMILY LEAVES
NEW MEXICO, SW 15,500 classified state employees 52% male 48% female ▲	FT Statewide informal practice by supervisor's approval. Band hours vary by department. FP None	● PT Statewide formal policy by supervisor's approval. Benefits prorated. ● JS Formal policy by department with supervisor's approval. Benefits prorated.	● Short-term disability insurance program allows up to 30 days of accrued leave. Then allows use of leave without pay up to 6 months with job guarantee by supervisor's approval.	● Fathers and adoptive parents covered by leave without pay policy. ● No extended elder care leave.
NEW YORK, NE 198,516 total state employees. Policies apply to executive branch only. 49.8% male; 49.8% female .4% unknown ▲	● FT Statewide formal policy by supervisor's approval. Core time 7.5 hours. 16 agencies using. ● FP None.	● PT Statewide formal policy by supervisor's approval. Must work 50% time to be eligible for prorated benefits. 10,000 part-time employees using (67% female). ● JS Statewide formal policy by supervisor's approval. Benefits prorated (same as part time).	● Child care: family leave for birth and adoption. 7 months unpaid job-guaranteed leave. Employee pays health benefits. Part-time return by supervisor's approval. Also Discretionary Leave without pay by supervisor's approval up to 2 years. Employee pays health benefits. Job guarantee.	● Fathers and adoptive parents covered by family leave policy. ● Extended elder care leave covered by family leave policy.
NORTH CAROLINA, SE 70,000 total state employees 53% male; 47% female ▼	● FT Statewide formal policy by supervisor's approval. ● FP None.	● PT Statewide formal policy by supervisor's approval. Must work 30 hours per week to be eligible for prorated benefits. Employee receives heath benefits. ● JS Statewide formal policy by supervisor's approval. Benefits prorated.	● Sick leave, then leave without pay by supervisor's approval. Job guarantee. Health benefits continued.	● Fathers and adoptive parents use annual leave, and leave without pay. Fathers can use sick leave while birth mother is on disability. ● Extended elder care leave covered by leave without pay.
NORTH DAKOTA, NC 13,500 total state employees (excluding university faculty). Policies apply to 10,000 Central Personnel Division 47% male; 53% female ▲	● FT Statewide formal policy by supervisor's approval. Core time 8:00 - 4:00. 25% of employees use flextime. ● FP None.	● PT Statewide formal policy by supervisor's approval. Must work 20 hours per week to be eligible for prorated benefits. ● JS None.	● Family leave policy for birth, adoption, serious illness of a child, spouse, or parent. 4 months within 12-month period for state employees who work 40 hour per week. 2 months for those who work 20 hours. Job guarantee. Benefits continued.	● Fathers and adoptive parents covered by family leave policy. ● Extended elder care leave (parents) covered by family leave policy.
OHIO, NE 59,603 total state employees 52% male; 48% female ▲	● FT: Statewide formal policy by supervisor's approval. Band hours vary by department. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Must have one year of service and work at least 20 hours per week to be eligible for prorated benefits. ● JS: Pilot program in Department of Employment Services.	● Statewide formal child care leave for mothers, fathers, and adoptive parents with supervisor's approval. 6 months unpaid job-guaranteed leave with possible extension. Employee pays health benefits. Birth mothers must first use sick and vacation leave. Part-time return possible.	● See leave for mothers. ● No extended elder care leave.

SICK LEAVE (SL) & PERSONAL DAYS (PD) FOR FAMILY	FLEXIBLE BENEFITS*	CHILD CARE CENTERS	R&R AND OTHER DEPENDENT CARE	OTHER WORK-FAMILY SUPPORTS**
● SL: Sick leave can be used for dependents. ● PD: One per year	● DCAP: Being considered	● On-site center considered but rejected.	● None	● EAP
● SL: May use up to 15 days of sick leave per year to care for dependents. ● PD: 3-5 days per year depending on negotiating unit.	● DCAP: DCAP negotiated in last contract. State is currently exploring the implementation of a program.	● 41 on-site centers serving over 2,800 children. 4 new centers planned.	● Child care R&R provided to all New York citizens.	● EAP
● SL: Can be used for illness of family members. ● PD: None	● DCAP: Established July 1989. Effective January 1990. ● Flexible benefits. Being considered.	● None.	● None.	● EAP.
● SL: New clause in sick leave policy allows 40 hours per year to be used for dependent care. ● PD: None.	● DCAP: None.	● One on-site center at a state hospital. 24-hour care.	● None.	● EAP.
● SL: None. ● PD: 4 per year for full-time employees.	● DCAP: Being considered.	● One on-site center.	● None.	● EAP.

*Includes Dependent Care Assistance Plans (DCAP) and flexible benefits or cafeteria plans.

**Includes Employee Assistance Plans (EAP).

STATE	FLEXTIME (FT) FLEXIPLACE (FP)	PART-TIME WORK (PT) JOB SHARING (JS)	LEAVE FOR MOTHERS	OTHER FAMILY LEAVES
OKLAHOMA, SC 34,000 total state employees (excluding higher education). 46% male; 54% female ▼	● FT: Informal practice by department with supervisor's approval. Band hours vary by department. ● FP: Being considered.	● PT: Statewide formal policy by supervisor's approval. Benefits prorated. Reduced work week possible. ● JS: No formal policy but can be used.	● Newly enacted Family Leave statute for state employees for birth, adoption, or terminally or critically ill child or dependent adult. Employee uses annual leave, sick leave, leave without pay. Job-protected leave. Health benefits continued.	● See leave for mothers
OREGON, NW 37,635 total state employees (excluding higher education). 45% male; 55% female ▲	● FT: Informal practice by department with supervisor's approval. Band hours vary by department. Allows compressed work week. ● FP: A few pilot programs.	● PT: Statewide informal practice. Full benefits. ● JS: Statewide formal policy by supervisor's approval. Benefits prorated.	● Statewide parental leave law mandates 12 weeks for birth or adoption. Employees may be required to use accrued leave time before being granted leave. Fathers and adoptive parents included.	● See leave for mothers ● No extended elder-care leave
PENNSYLVANIA, NE 88,000 total state employees (excluding higher education). 58% male; 42% female ▲	● FT: Statewide formal policy by department with supervisor's approval. Band hours vary by department. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Strictly controlled by union contracts. Benefits prorated. ● JS: Informal practice by supervisor's approval in certain departments.	● Statewide formal unpaid childbirth leave for mothers up to 6 months. Job guaranteed. Part-time return by supervisor's approval.	● Mandatory parental leave policy provides up to 6 months, job-guaranteed leave to fathers and adoptive parents. ● No extended elder care leave
RHODE ISLAND, NE 18,500 total state employees 47% male; 53% female ▲	● FT: Statewide formal policy by supervisor's approval. Core time 9:00 - 3:00. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Must work 20 hours per week to be eligible for prorated benefits. ● JS: Statewide formal policy by supervisor's approval. Benefits prorated.	● State-mandated TDI and parental leave. 1986 personnel rule mandates 6 months unpaid parental leave with 6-month extension option by supervisor's approval. For fathers, adoption and serious illness of a child, parent, spouse, or employee's own serious health condition. Employees must use vacation, then sick leave before requesting parental leave.	● See leave for mothers
SOUTH CAROLINA, SE 67,000 state employees 46% male; 54% female not unionized	● FT: Statewide formal policy by supervisor's approval. Core time 9:00 - 4:30. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Must work 30 hours per week to be eligible for prorated health benefits; 50% time to be eligible for prorated leave benefits. ● JS: Informal practice by department with supervisor's approval.	● Disability leave: Employees may use up to 180 days of accrued sick leave or 30 days of accrued annual leave in a year. Agency can extend for additional 180 days. If on leave without pay, employee pays own health benefits.	● Fathers and adoptive parents use annual leave. ● No extended elder care leave

SICK LEAVE (SL) & PERSONAL DAYS (PD) FOR FAMILY	FLEXIBLE BENEFITS*	CHILD CARE CENTERS	R&R AND OTHER DEPENDENT CARE	OTHER WORK-FAMILY SUPPORTS**
● SL: Up to 10 days per year of Enforced Sick Leave can be used for sick dependents. ● PD: None.	● DCAP: Being considered.	● On-site being considered.	● Child care R&R, discounts and vouchers being considered.	● EAP. ● New supervisor training includes work/family responsiveness.
● SL: Sick leave covers dependents. ● PD: Yes — number of days varies based on union contracts.	● DCAP: Established 1987.	● Pilot center planned. Mandatory subject of collective bargaining.	● Child care R&R being considered.	● EAP. ● Donated Leave allows employees to donate vacation leave in increments of one hour or more with a maximum of 480 hours for catastrophic care of fellow employees.
● SL: 4 days of sick leave per year can be used for dependents. ● PD: 5 personal days per year for employees hired before July 1986; 3 personal days per year for employees hired after July 1986.	● DCAP: None.	● 3 on-site centers serving 30 preschool children each. Hours 8:00 - 4:30. 5 additional sites planned.	● None.	● EAP.
● SL: Can use sick leave for dependents. ● PD: 4 per year	● DCAP: None.	● One center serving 75 children. One more center planned.	● Child care R&R provided to all Rhode Islanders through Department of Children and Families.	● EAP.
● SL: 5 days of paid sick leave may be used per year to care for illness in family. ● PD: One per year.	● DCAP: Includes employer contribution and elder care. ● Flexible benefits plan.	● None.	● None.	● EAP. ● Leave Bank.

*Includes Dependent Care Assistance Plans (DCAP) and flexible benefits or cafeteria plans.

**Includes Employee Assistance Plans (EAP).

STATE	FLEXTIME (FT) FLEXIPLACE (FP)	PART-TIME WORK (PT) JOB SHARING (JS)	LEAVE FOR MOTHERS	OTHER FAMILY LEAVES
SOUTH DAKOTA, NC 12,000 state employees 51% male, 49% female unionized (one union in Department of Transportation)	● FT: Informal practice by department with supervisor's approval. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Less than 20 hours per week eligible for sick and annual leave. Must work 20 hours per week to be eligible for health benefits. ● JS: None.	● Informal policy. Generally 6 - 8 week leave with 3 months maximum. Must use sick and annual, then leave without pay. Negotiated between individual and supervisor. When on leave without pay, health insurance continues but there is no accrual of leave.	● Fathers take annual leave by supervisor's approval, though can use 40 hours of sick leave for emergency illness of children. ● Adoptive parents covered by same policy as birth mothers. ● No extended elder care leave.
TENNESSEE, SC 41,470 state employees 49.6% male, 50.4% female not unionized, but Employee Association speaks for 30% of state employees	● FT: Statewide formal policy by supervisor's approval. Core time 8:00 - 4:30. Allows compressed work week, 4 - 10 hour days. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. ● JS: Informal practice by supervisor's approval. No benefits. Must come from full-time position.	● Maternity disability leave policy: 4 months by supervisor's approval. Must use sick and annual leave. Job guarantee. Benefits maintained.	● Fathers and adoptive parents must use annual leave by supervisor's approval. Job guarantee. Benefits maintained. ● No extended elder care leave.
TEXAS, SC 205,000 total state employees. Policies apply to 100,000 classified employees. 50% male, 50% female ▼	● FT: No formal policy. Varies by agency. Band hours vary by department. ● FP: No formal policy. Varies by agency.	● PT: No formal policy. Varies by agency. Anything below 40 hours per week is part-time. Benefits prorated. ● JS: Statewide formal policy established through legislation. Benefits prorated.	● Covered by use of sick and annual, then leave without pay.	● Fathers and adoptive parents use annual leave and leave without pay. ● No extended elder care leave.
UTAH, SW 13,000 state employees 55% male, 45% female ▼	● FT: Statewide formal policy by supervisor's approval. Core time 8:00 - 5:00. About 20% of the workforce uses. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Must work 50% time to be eligible for full benefits. ● JS: Statewide formal policy by supervisor's approval. Full health and life benefits. Leave benefits prorated.	● Mothers granted 6 weeks off for childbirth. Must use all accrued sick leave, then annual leave and leave without pay. Employee pays health benefits while on leave without pay.	● Fathers and adoptive parents can use only annual leave and leave without pay. ● No extended elder care leave.
VERMONT, NE 6,855 classified state employees 54% male; 46% female ▲	● FT: Statewide formal policy by supervisor's approval. ● FP: Have 150 home offices for inspectors.	● PT: Statewide formal policy by supervisor's approval. Must work 20 hours per week to be eligible for prorated benefits. ● JS: Statewide formal policy by supervisor's approval. Benefits prorated.	● 6-month disability leave allows use of sick leave, then mandatory child care leave granted with 4-month limit. Total disability and child care leave cannot exceed 6 months.	● Fathers get 4 months unpaid child care leave and may substitute accrued leave during this period. ● Adoptive parents must be granted 6 months of leave. ● No extended elder care leave.

SICK LEAVE (SL) & PERSONAL DAYS (PD) FOR FAMILY	FLEXIBLE BENEFITS*	CHILD CARE CENTERS	R&R AND OTHER DEPENDENT CARE	OTHER WORK-FAMILY SUPPORTS**
● SL: Can use 40 hours of emergency sick leave for illness of children. ● PD: Most employees get 1.25 days per calendar quarter if they do not use more than 4 hours of sick leave during that quarter.	● DCAP: Established July 1989.	● None.	● None.	● None.
● SL: Sick leave can be used for children, family members, etc. ● PD: None.	● Flexible Benefits Plan: Employees set aside pre-tax dollars for health insurance premiums, medical expenses not reimbursed by insurance, and dependent care needs.	● One center with 72 children from infants to preschool. Hours are 6:00 a.m. - 6:00 p.m.	● Child care R&R available through Department of Human Services. List of child care providers. ● Voucher/family scholarships for families with incomes under $20,000.	● EAP.
● SL: Sick leave can be used for dependents. ● PD: None.	● DCAP: Established 1988. ● "Tex Flex" flexible benefits program.	● One agency has opened an on-site child care center. More are likely due to recent legislation.	● Employees can access statewide clearinghouse for information on child care services.	● EAP offered on agency-by-agency basis.
● SL: Can use sick leave for illness of a child. ● PD: None.	● DCAP: Established January 1990.	● One center in the Department of Health.	● None.	● Informal counseling through agencies.
● SL: 3 - 10 sick days per year can be used for immediate family. ● PD: Depends on job classification. Supervisors share 3-8 personal days per year based on service. Non-management employees get 1 1/4 personal days for each quarter in which they do not use 4 hours of sick leave.	● DCAP: Being considered.	● One center.	● Child care R&R.	● EAP.

*Includes Dependent Care Assistance Plans (DCAP) and flexible benefits or cafeteria plans.

**Includes Employee Assistance Plans (EAP).

STATE	FLEXTIME (FT) FLEXIPLACE (FP)	PART-TIME WORK (PT) JOB SHARING (JS)	LEAVE FOR MOTHERS	OTHER FAMILY LEAVES
VIRGINIA, SE 92,239 classified state employees 47% male, 53% female ▼	● FT: Statewide formal policy by supervisor's approval. Core time 9:00 - 3:30 p.m. Band hours 2 - 2 1/2 hrs. ● FP: Currently being considered by technical computer staff.	● PT: Statewide formal classified permanent part-time work policy granted at management discretion. Typical schedule is 50% time. Prorated leave and holiday pay. ● JS: Statewide formal policy in some departments by management discretion. Prorated leave and holiday pay	● Allows use of sick and annual leave, then leave without pay. Leave without pay up to 12 months with job guarantee by management discretion. Employee pays health benefits while on leave. In rare instances, supervisor may grant conditional leave without pay up to 12 months with no job guarantee. Agencies may require use of all sick and annual leave before granting leave without pay.	● Fathers and adoptive parents use annual leave and leave without pay. ● No extended elder care leave.
WASHINGTON, NW 90,000 total state employees. Policies apply to 41,000 employees (excluding higher education) 50% male; 50% female ▲	● FT: Statewide formal policy by agency discretion. Wide spread usage. ● FP: Used informally where job duties allow.	● PT: Statewide formal policy by agency discretion. Full benefits and health insurance for employees working over 20 hours per week. ● JS: Statewide formal policy by agency discretion. Limited usage.	● Unpaid job-guaranteed leave for newborn or adoptive child care up to 6 months by supervisor's approval. Full medical benefits, provided employee is on paid status one day per month during leave.	● See leave for mothers. ● Extended elder care leave covered under leave without pay policy. 12 months job-guaranteed leave over a 5-year period. Requires supervisor's approval.
WASHINGTON D.C., NE 47,000 total employees 61% male; 39% female ▲	● FT: District-wide informal practice. Band hours vary by department. ● FP: None.	● PT: District-wide formal policy. Benefits prorated. ● JS: Informal practice by supervisor's approval. Benefits prorated.	● Disability leave up to 240 hours. May use any combination of sick and annual leave, and/or leave without pay. Leave without pay up to one year with job guarantee. Employee pays health benefits during leave.	● Fathers and adoptive parents use annual leave and leave without pay. ● No extended elder care leave.
WEST VIRGINIA, SE 26,000 total state employees 50% male; 50% female ▼	● FT: Statewide formal policy by supervisor's approval. Band hours vary by department. 20% usage. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Must work 50% time to be eligible for prorated benefits. ● JS: Pilot program established in 1988 in one department.	● Mandatory unpaid family leave of 12 weeks within 12-month period for mothers, fathers, and adoptive parents after annual and personal leave exhausted. May be taken intermittently or on part-time basis within 12-month period. Job guarantee for 12 weeks. Employee pays health benefits.	● See leave for mothers. ● No extended elder care leave.
WISCONSIN, NC 44,881 total state employees 55% male; 45% female ▲	● FT: Statewide formal policy by supervisor's approval. Band hours vary by department. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Must work 600 hours per year to be eligible for prorated benefits. ● JS: Allowed under the state's alternative work patterns policy.	● Under parental leave policy, birth mothers may use sick and annual leave, and/or leave without pay for 6 months with 6-month extension possible. Health benefits continued during first 3 months.	● Fathers and adoptive parents covered under leave without pay policy. ● No extended elder care leave.

SICK LEAVE (SL) & PERSONAL DAYS (PD) FOR FAMILY	FLEXIBLE BENEFITS*	CHILD CARE CENTERS	R&R AND OTHER DEPENDENT CARE	OTHER WORK-FAMILY SUPPORTS**
● SL: Up to 48 work hours of sick leave per year (up to 24 work hours per occurrence) can be used to care for dependents. ● PD: None	● DCAP: Being considered.	● 2 on-site centers. One new center planned.	● None ● Adoption reimbursement being considered.	● EAP at 3 sites throughout state
● SL: 5 days per illness of dependent with possible extension. 3 days per year for Emergency Child Care Requirements. ● PD: One per year.	● DCAP: Established 1987	● 2 centers with total capacity for 104 children, infants to 3 years. 4 - 6 additional sites being considered.	● Child care R&R provided to all Washington citizens. ● Elder care brochure	● Donated leave ● Wellness program ● EAP.
● SL: None. ● PD: None.	● DCAP: None.	● 3 on-site centers operational. 3 in planning stage. 5 more possible. 200 children served total. Hours from 6:30 a.m. - 10:00 p.m. District law requires government buildings with more than 100 employees or a building undergoing 25% renovation to have an on- or near-site center.	● Child care R&R provided community-wide.	● EAP being considered.
● SL: 40 hours per calendar year can be used for family members. ● PD: None.	● DCAP: None.	● 3 pilot centers.	● None.	● EAP.
● SL: May be used for family members. ● PD: 3 per year.	● DCAP: Through Employee Reimbursement Account.	● One center through the Department of Employee Relations serving 46 children. State may provide up to $50,000 per year as start-up costs for state employee child care centers. Each center can receive start-up funds only one time.	● Child care R&R pilot through EAP.	● EAP.

*Includes Dependent Care Assistance Plans (DCAP) and flexible benefits or cafeteria plans.

**Includes Employee Assistance Plans (EAP).

BEST COPY AVAILABLE

STATE	FLEXTIME (FT) FLEXIPLACE (FP)	PART-TIME WORK (PT) JOB SHARING (JS)	LEAVE FOR MOTHERS	OTHER FAMILY LEAVES
WYOMING, NW 8,000 state employees (excluding higher education) 54% male; 46% female not unionized but 50% of employees belong to Employee Association	● FT: Statewide formal policy by supervisor's approval. 50% of employees using. ● FP: None.	● PT: Statewide formal policy by supervisor's approval. Benefits prorated. ● JS: Statewide formal policy by supervisor's approval. Benefits prorated. 20 employees using.	● Parental leave policy allows use of sick leave, annual leave, and leave without pay for mothers, fathers, and adoptive parents by agency approval.	● See leave for mothers. ● No extended elder care leave

SICK LEAVE (SL) & PERSONAL DAYS (PD) FOR FAMILY	FLEXIBLE BENEFITS*	CHILD CARE CENTERS	R&R AND OTHER DEPENDENT CARE	OTHER WORK-FAMILY SUPPORTS**
● SL Can use sick leave for illness of family members ● PD None	● DCAP None	● One center operating 18 hours per day	● None	● None

*Includes Dependent Care Assistance Plans (DCAP) and flexible benefits or cafeteria plans.

**Includes Employee Assistance Plans (EAP).

134

NATIONAL
GOVERNORS
ASSOCIATION

BEST COPY AVAILABLE